



SECS



SEXUAL EDUCATION CAPACITY AND SUPPORT PROJECT

Lesson plans, resources and information for Healthy Living teachers in Nova Scotia



United Way
Lunenburg County



SEXUAL EDUCATION CAPACITY AND SUPPORT Project

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Several activities were adapted or inspired by other resources. We have acknowledged these resources in the facilitation guides and included links to the original work when possible.

USING THIS KIT

This guide contains approximately 50 exercises designed to be used by teachers in the Healthy Living classes for grades 7 to 9 (although you may find them adaptable to any grade level). The activities are designed to be used in conjunction with lectures and class discussions.

Each lesson plan includes:

Learning Outcomes. Each activity was designed with specific learning outcomes in mind. These are listed before the activity description.

Goals. The goals of each activity are the “take away points” . These goals highlight what is important for students to get out of each activity. Teachers may choose to share these goals with the students in order to frame the lesson.

Content Warnings. Some activities contain discussions or depictions of things that some students may find **triggering**. ‘Being triggered’ is a reaction that can occur in response to a past traumatic event, and is sometimes called post-traumatic stress. Experiencing trauma is a normal reaction to a dangerous or violent event, and triggers (things that remind the person of the experience) can remain years after the violent incident. Some victims of abuse, rape or sexualized violence may experience triggering as a result of the trauma they were subjected to. While triggers are not straightforward or predictable, we’ve included a warning and description of the content that might be triggering when appropriate. We recommend giving students a clear heads-up before showing or discussing anything that may be triggering. We have attached a handout in the back of this manual where you will find information on trauma, triggering and first-aid for emotional trauma.

Tips for Teachers. Occasionally we will list tips that you might find helpful when doing an exercise with your class. We also include additional resources or information that you might find useful when preparing for the lesson.

We want to hear from you! We hope that you find this information useful. Please feel free to get in touch with us if you have comments or feedback. We would also be more than happy to answer any questions you might have. We are here to support you as an educator. If there’s anything we can do to make teaching Sexual Education easier for you, please let us know. You can reach us at lunco.ns.sexualhealth@gmail.com or by calling 902 527 2868. Occasionally, we will send along updates or new resources to the teachers on our mailing list. To ensure that you receive these updates please email us at the beginning of the year.

Glossary: Words in bold can be found in the glossary.

TEACHING SEXUAL EDUCATION: TIPS FOR TEACHERS

Teaching sexual education can be an intimidating thing! This section will give you some advice about setting up a safe and inclusive classroom designed to create a comfortable learning environment for students, as well as a comfortable teaching environment for you.

CREATING A SAFE AND INCLUSIVE CLASSROOM

Sexuality and relationships can be a private and sensitive topic for many people. For effective learning it is essential to create a space where all students feel included and safe. We often call these spaces “safe(r) spaces”. This means that the facilitator takes measures to ensure that everyone in the space feels as safe and included as possible. For example, by having an explicit anti-homo/bi/trans*phobia policy, by allowing students to ask questions anonymously, and by making your boundaries explicit, you can help create a space where students are comfortable. Organizations such as the Youth Project offer training to help professionals create safe(r) spaces in their workplaces. We’ve also attached several guides to creating safe(r) spaces in the teacher resource section.

Creating a safe space can be challenging, but it is important to think consciously about how we create an environment that will foster learning and dialogue. Being aware of the language you use, as well as the information you share, will help you create a space where students feel comfortable engaging with the materials and allow you to maintain a sense of control in the classroom. The introductory activities can be used to help establish a safe space and set up basic rules so that everyone’s expectations for language and conduct are understood.

As educators, it is important that we ensure that our own values don’t interfere with our ability to provide students with quality information and education. In the instance that you are too uncomfortable with a certain topic to teach it, we recommend bringing in an external facilitator. Most importantly, recognize that there is tremendous diversity in sex, gender, and sexuality, and that individual practices, desires, and thoughts will vary widely.

As you begin to teach Sexual Education, you may realize that students try and “test the limits” . They may ask questions meant to make the teacher uncomfortable, to see how you might respond. There is often legitimate curiosity behind even the most outlandish questions. These questions are often a way of finding out if they can trust the teacher to be non-judgemental, relaxed, honest and, approachable. Setting community standards from the outset (i.e. I do not consent to talking about my personal relationships), can help mitigate some of this. Keep in mind that while questions may sound silly to you, they may also be very serious to your inexperienced students. Treat each question equally and don’t be afraid to say that you don’t know the answer. Waiting to get credible information to answer questions is far more valuable than ignoring a question or giving incomplete answers.

GETTING COMFORTABLE

It is important to acknowledge the comfort level and boundaries of students. For example, if a student is adamantly opposed to practicing condom application, they should be permitted to sit out. It is best to maintain the safe space by allowing students to set some boundaries and then respecting them. Providing alternatives (such as giving the students condoms to practice with at home) is also a good practice. Again, setting community standards will help students to feel comfortable communicating with you about these issues, and it will allow you and your students to set up "ground rules" together. Students have a desire to feel a connection with both the content and the educator. If you can create a safe and credible space for them to have that connection, they will be far more likely to participate.

It is good to acknowledge to students, as well as yourself, that you are not an expert in sexual health or sexual education. Similarly, it's ok to say that you're uncomfortable with a subject, so long as you find someone who can help out. This can model to students that they can reach out to many different resources to answer all their questions about Sexual Health.

Most importantly, while it's good to acknowledge discomfort, it is still important to cover everything. Leaving topics untouched leaves students ill-equipped to make safe and informed decisions. Better to give them the tools to seek out answers elsewhere than to ignore questions or topics. In these cases you could also bring in speakers or professionals to talk with students.

SEXUAL AND GENDER DIVERSITY

It is likely there will be students in your classroom who might identify on the sexual orientation spectrum somewhere other than Heterosexual/Straight, or on the gender spectrum somewhere other than Male or Female. It is essential to include information that may be relevant to all of your students in your lessons. Consider, it might be less important for gay students to learn about contraceptives, but equally as important for them to learn about barrier methods of STI protection.

Most **Lesbian, Gay, Bisexual, Trans***, and **Queer (LGBTQ)** students receive insufficient sexual health information and education related to their needs (SIECCAN, 2010), making it critical to acknowledge these differences and ensure language/discussions are safe and inclusive for all students. (SIECCAN, 2010). It is essential that you use language (eg. using "partner" instead of boyfriend or girlfriend) and examples that normalize these differences. Also, while it is critical to acknowledge that these differences exist and are valid, **never make assumptions about the gender or sexual orientation of your students**. It's important to remember that even while there may be no "out" students in your class, and you may not perceive any student to be LGBTQ, chances are that there are students who are, or who have loved ones who identify as LGBTQ and creating a space that is respectful, inclusive and safe for all people is still important.

It's also important to question some things that we take as given. Consider calling a "female condom" an "internal condom". It means the same thing and students will understand both, however, with the latter you are not equating having a vagina with being a woman. Similarly, acknowledge that not only women need abortions. Many trans* and gender non-binary people will need abortions in their lifetime. You could also shift from saying "woman" to "person with a vagina". Again, students will fully understand both, and you significantly reduce the risk of alienating and excluding trans* students.

LGBTQ youth often cite that they have trouble seeking help or support because they are unable to identify their adult allies. Using gender neutral language, normalizing non-heterosexual relationships and having a zero-tolerance policy for homophobia and transphobia that you discuss at the very beginning of the lesson can be very effective and comforting for LGBTQ youth.

If you are interested, you can also explicitly signify yourself as an ally through the Ally Card program (<http://www.youthproject.ns.ca/ally.php>). Though many youth may not identify themselves publicly while they are your student, research has showed that seeing the Ally card and having a sexually inclusive classroom contributes to the well-being of LGBTQ youth at school (The Youth Project, 2013).

CONSIDERING STUDENTS' LIVED EXPERIENCES

Some of the topics covered in the guide, include rape, assault, and harassment, may be very real for some students. If you suspect a student is being abused refer to the section "Dealing with Disclosure or Suspected Abuse".

It is important to consider the variety of experiences of students to prevent shaming or embarrassing some students. Students' experiences will range widely depending on gender, sexual orientation, race, socioeconomic class, mental health status, and physical ability. Avoid generalizing or statements like "everyone thinks" or "everyone does". These statements simply aren't accurate and you risk alienating students.

Pay special attention to avoid judging or shaming any behaviours. Recognize that students will make decisions that we will occasionally disagree with. As educators we need to provide them with information to help them make the decisions that are best for them. And then, regardless of their decisions or our opinions, we should help reduce the risk, shame, and stigma associated with these choices. For example, there are lessons about delaying sexual activity and the proper use of contraception. There are likely students in the class who have already had intercourse and may not have used contraceptives or protected against STIs. This material can be presented in a way that treats people who make more risky decisions as stupid or promiscuous (a moral standpoint). Ensuring that you are providing facts rather than moral standpoints will help safeguard against shaming students and help them to make decisions to mitigate their risk. If a student chooses to engage in sexual activity, despite this information, it is the responsibility of the sexual health educator to support them and help reduce the risk.

Whenever a topic may cause strong feelings in students, give them permission to move around, ask to stop, leave, if it is feasible. You should also ensure that all students have access to information on where to get help. Remind students of these resources during lessons that are potentially triggering.

Overall, creating a level of trust with your students and an environment where they feel safe will play a huge role in how much they will take from Sexual Education.

GROUP DISCUSSIONS

There are several activities in this guide that call for group discussions. While some teachers prefer to divide groups of friends for class discussion, in this case it may be wise to allow students to work with their friend group. This will give them an opportunity to discuss scenarios that are impacting their friend group, and they feel more comfortable sharing information with one another. Ultimately, do what will put yourself and the students at ease.

FEAR

When planning lessons and teaching, be conscious about how fear has traditionally been used as a teaching tool and to try to minimise it. For example, sometimes certain lesson plans on STIs show students graphic images in an attempt to scare them into delaying sexual activity. Studies have shown that these tactics, most often associated with abstinence-only sexual education, have no impact in delaying sexual activity or engaging in safe sexual activity (SIECCAN, 2010). However, it can have unintended negative consequences. This approach can cause shame and stigma about STIs and reduce the chance that a student will approach someone or seek medical help if they do contract an STI. It can also increase shame about the body.

MANAGING CONTROVERSY

Sexual Education is often perceived as a volatile issue. This is, in part, because of the range of experiences and beliefs about sex. As discussed above, acknowledging this diversity is important. Equally important is presenting Sexual Education as a valid, important, and fact-based subject. Sexual Education can be taught in a non-value based way. We can both acknowledge a diversity of experiences, and try to minimize risk for everyone by giving them quality information along with the skills and tools to seek help, ask questions, and make informed decisions. Healthy sexuality is a core element of overall health and well-being. It is essential that youth be given the skills to navigate the complex cultural environment in which they are living and be empowered to make choices about their sexuality that contribute towards their wellbeing, as well as the well-being of their partners.

Comprehensive Sexual Education is a Human Right¹ and the Public Health Agency of Canada recognizes that As stated by the Public Health Agency of Canada “since schools are the only formal educational institution to have meaningful (and mandatory) contact with nearly every young person, they are in a unique position to provide children, adolescents and young adults with the knowledge, understanding, skills, and attitudes they will need to make and act upon decisions that promote sexual health throughout their lives². The Sex Information and Education Council of Canada states that 92% of parents strongly agree or agree that sexual education should be provided in schools, and 92% of

¹ Sexual and reproductive rights are recognized by several major organizations including the United Nations General Assembly in the “International Covenant on Economic, Social and Cultural Rights (1996)”; the “International Covenant on Civil and Political Rights (1996)”; the “Convention on the Elimination of All Forms of Discrimination against Women (1979)”; and the “Convention on the Rights of Persons with Disabilities (2006)”; by the World Association for Sexual Health in “Sexual Health for the Millennium. A Declaration and Technical Document” and by the International Planned Parenthood Federation in “Sexual Rights: An IPPF Declaration (2012)”

² Public Health Agency of Canada. (2008). *Canadian guidelines for sexual health education (3rd Ed)*. Ottawa, ON: Public Health Agency of Canada.

students agree that sexual education should be provided in schools³. Therefore, while the subjects covered in this guide may be uncomfortable (and that's normal!), any controversy may be more a matter of perception than reality. If you are concerned that you aren't getting the support of your school or the parents of the students in your class, the Lunenburg Sexual Health Centre can be a resource for you.

You may run into concerns about the appropriateness of certain topics for teens. Sexual Health topics are now taught in Nova Scotia from primary to grade 9, though at the younger grades they are called by a different name. The learning outcomes provide a guide to approved subjects at every grade level. However, it is important to take your cues from your class. If you are getting questions about a certain topic, it is good to address them. This is a clear indicator that the class is thinking about the subject, and could use direction and more information.

Some common questions and responses related to Sexual Education are included in "Sexual Health Education in the Schools: Questions and Answers (3rd edition)", which provides information on peer-reviewed research on Sexual Health Education. This resource provides excellent talking points particularly when discussing the need for comprehensive sexual education with teachers and administrators.

Most importantly, you can't argue with facts. It can be hard to stay on top of the most recent sexual health information, but we have provided a number of excellent pamphlets and websites where you can easily brush up your own knowledge, and the staff at the Sexual Health Centre are here to help if you have questions or concerns.

DEALING WITH DISCLOSURE OR SUSPECTED ABUSE

The subject of Sexual Health or related topics may lead to disclosures of abuse or sexual activity that you might feel uncomfortable or unprepared to deal with. It is important to note that these disclosures may not come up only when discussing assault. People who have been abused often find certain things triggering that may not be directly related to their assault.

It is important to know how to act during a disclosure. The most important things to remember when dealing with disclosures is to:

- Believe what the person is telling you.
- Listen to what they are saying. Don't try to explain their experiences
- Ask non-judgmental questions. Do not ask questions that place any blame on them for their assault (i.e. what were you wearing when this happened).
- Don't pry for details that aren't important for you to do your job. Allow them to tell you what they are comfortable with.
- Inform them as soon as possible about the disclosure process. They have trusted you enough to tell you some private information, and you can serve as an ally and strong support person through what

³ Sex Information and Education Council of Canada. (2010) *Sexual Health Education in the Schools: Questions and Answers (3rd edition)*. http://www.sieccan.org/pdf/she_q&a_3rd.pdf. Accessed January 4, 2014.

will probably be a difficult process. You can lose that trust if you go behind their back to report it. Assaults are often profoundly disempowering. Make sure you empower the person by involving them as much as possible in the decision about what happens next.

It is your legal duty to disclose any abuse or suspected abuse involving a minor to a child welfare agency under Children and Family Services Act (1990)⁴. The following is from the Nova Scotia Child Protection⁵ website:

“There are different kinds of child abuse:

- **Physical abuse**
 - The intentional use of force on any part of a child's body that results in injury.
- **Emotional abuse**
 - Anything that causes serious mental or emotional harm to a child, which the parent does not attempt to prevent or address.
- **Sexual abuse**
 - The improper exposure of a child to sexual contact, activity or behaviour.
- **Neglect**
 - Any lack of care that may cause significant harm to a child's development or endangers the child in any way.

Everyone has the duty to immediately report to a child welfare agency even a suspicion that a child under 16 may be in need of protective services. Reports may be made anonymously. Once a report is made, child protection social workers assess the information provided to determine an appropriate response.

Next steps

If you suspect that a child is being abused or neglected, please contact the child welfare agency in the area where the child lives. It is best if you contact the agency by telephone or in person. To find the child welfare agency in your area, please contact the agency or district office of the Department of Community Services nearest you for more information.

After regular business hours call 1-866-922-2434 if you believe a child is in immediate danger.”

Your school guidance and administrators can be an excellent support for reporting, and the Sexual Health Centre can also help guide you through this process.

We have included resources for those who are supporting people who have been assaulted in the Teacher Resource section.

ORDERING INFORMATION

There are several pamphlets and resources included in this kit. We have included a variety of resources so that you can see what is available and decide which resources are age-appropriate and useful for

⁴ Nova Scotia Provincial Government. *Children and Family Services Act*. (1990). <http://nslegislature.ca/legc/statutes/childfam.htm>. Accessed January 4, 2014.

⁵ Nova Scotia Provincial Government. *Child Abuse*. (2012) <http://novascotia.ca/coms/families/abuse/index.html>. Accessed January 4, 2014.

your classroom. Most resources are from either CATIE or the Lunenburg County Sexual Health Centre. Both the LCSHC and CATIE provide these resources for free.

You can order additional resources from CATIE here: <http://orders.catie.ca/>
All orders are free and include free shipping.

HEALTHY LIVING CURRICULUM OUTCOMES

(Note: Not all outcomes are listed here, only those that pertain specifically to healthy sexuality and that this kit addresses)

GRADE 7

Healthy Self

- Identify what the students value, and set personal goals that contribute to their health and value system
- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image and how it can affect participation in physical activity

Healthy Relationships

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Investigate the concept of sexual health
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Health Community

- Analyze positive and negative outcomes of social networking and mobile devices

GRADE 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, and/or psychological harm and practice scenarios that show support and help
- Examine the cultural and historical aspects of sexuality
- Examine methods for contraception and the prevention of sexually transmitted infections, recognizing that most birth control methods do not protect against sexually transmitted diseases
- Evaluate options related to unintended pregnancy and explore the challenges related to each of these options, including the challenges of teen parenting
- Recognize the signs of pregnancy and the importance of prenatal care
- Analyze the relationship between values and being motivated to lead a healthy life
- Examine the dimensions of sexual identity, media portrayal of sexual identity, and identify the degree to which their feelings about sexual identity are similar to or different from those of others
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental, and social health concerns

GRADE 9

Healthy Relationships

- Identify and describe reproductive and sexual health concerns of youth and apply communication and interpersonal skills to discuss reproductive and sexual health issues
- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, in jury and driving while impaired
- Examine the negative impact of stereotyping upon help seeking behaviour

Healthy Community

- Analyse why factors that determine a person's health are not evenly distributed in the population
- Examine issues around hypersexualization of girls and sexualization of women and how this can contribute to violence
- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource
- Identify and practice strategies for staying healthy and safe in the workplace

INTRODUCTORY ACTIVITIES: CREATING SAFER SPACES AND EXPLORING THE CONCEPT OF SEXUAL HEALTH

This section provides several introductory activities that helps students become familiar with the language used in the classroom as well as some basic expectations. These lessons also help familiarise students with the concept of Sexual Health and helps them to understand the goals and desired outcomes of the lessons. Setting them up with this information from the beginning will help make the class a safer place to learn, and also help them to engage with the material and give feedback about what they know and what they want to learn more about.

1. COMMUNITY STANDARDS

This activity helps meet the following learning outcomes:

Grade 7:

- Identify what they value and set personal goals that contribute to their health and value system

Grade 8:

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships

Goals:

- Set up ground rules to make expectations and standards explicit
- Allow students to identify what they need for a safe learning environment
- Open up a conversation about creating safer spaces

This activity invites students to examine their learning environment, to think about their relationship with their peers and teacher and to set ground rules that help to create a positive and safer learning environment.

Explain to the class that these topics can sometimes make people uncomfortable and that we all have different ways of expressing that. Explain that this is very important information but that you also want to create a classroom where they feel safe asking questions and participating. Sexual health can be difficult to talk about. What would make it more comfortable for them?

You can either break into small groups or get the class to call-out the things they need for the classroom to be safe. You should also add the things that you need to be comfortable teaching the class (Avoid putting things like “no silly questions”, instead say things like “no questions about my personal life because they aren’t appropriate”). This is also a good way to clarify what language you’re comfortable with and to explain that derogatory words about women and LGBTQ people are not permitted.

Your discussion of the community standards must always a zero tolerance policy for homophobia, sexism, and transphobia. Stick to this.

After the small groups discuss, make one big document that the class agrees on. Find a way to display this prominently in the class (you could make it into an art project, with each student taking one “standard” and making a small poster). Refer back to these community standards during all lessons.



COMMUNITY STANDARDS

Community standards are the ground rules or guidelines we set ourselves as a class and community. Racism, classism, ableism, homophobia, transphobia, and hate speech are never allowed. There is zero-tolerance for abuse, assault and harassment.

- Be an active listener
- Respect Differences
- Always do a pronoun go-round and respect pronouns
- Language matters. Use inclusive language. Impact > Intent
- Be open-minded
- Trust and believe each other
- Don't shame or stigmatize
- Do your best to maintain a safe space.
- Don't interrupt or talk over one another
- Recognize that some people have different experiences with you.
- Maintain a safe, non-judgmental space to learn
- Communicate about boundaries and respect them
- Avoid gendered language
- Offer support when needed and wanted.

2. EXPLORING THE CONCEPT OF HEALTHY SEXUALITY

This activity helps meet the following outcomes:

Grade 7:

- Investigate the concept of Sexual Health

Goals:

- Begin to explore the many parts of the concept of sexual health
- Begin to explore how many things (gender, sex, sexuality, class, race, etc) affect one another
- Discuss why sexual health is important but can be uncomfortable to discuss

This is a good introductory lesson to the unit and allows you to get a sense of where students are and what they are curious about.

Write the words “Healthy Sexuality” on the board. Ask the class what “healthy sexuality” means and get students to call out words they think of. Write them down on separate pieces of paper and stick on the board.

Show them the Healthy Sexuality Wheel (in kit and on flash drive). It is likely that a lot of their thoughts will fit under “physical” . Explain that healthy sexuality is not just about intercourse and sexual activities. Healthy sexuality is also about gender, body image, relationships with others, communication, development, reproduction, values, personality, expression, and orientation.

Have students think of topics that could be discussed under every part of the wheel. Ideas are also provided in the kit. Here you can talk about some of the subjects that you will be discussing this year. You can also ask students if they would like to discuss certain topics.

Go over the “Healthy Sexuality Is” handout with your students.

Ask students:

- Sexual Health is important, so why does discussing sexuality make a lot of people uncomfortable?
- What about these discussions make students uncomfortable?

This handout was adapted from resources provided by Peel Public Health (<http://www.peelregion.ca/health/sexuality/>)

PHYSICAL HEALTH

- STI prevention
- Access to medical treatment
- Access to contraception
- Freedom from violence

REPRODUCTION

- Being able to choose when and if to have children
- Access to care
- Access to contraception
- Understanding reproductive choice (parenting, abortion, adoption).

EMOTIONS

- Feeling cared for
- Freedom to love
- Self-care
- Being able to communicate with your partners

KNOWLEDGE

- Having access to education
- Having access to quality resources
- Being able to ask questions and seek answers
- Knowing where to go to get care.

POWER

- Being able to make your own decisions about your body and health.
- Choosing whether or not to have sex.
- Choosing whether or not to have children.
- Being able to communicate and negotiate.

CULTURE

- Understanding gender roles
- Understanding oppression
- Having a say at our schools and homes.
- Understanding victim blaming and silencing of rape and assault victims.

COMMUNICATION

- Setting boundaries
- Respecting others' boundaries.
- Understanding and respecting consent.
- Negotiating safer sex.
- Expressing emotions and feelings to partners.

HEALTHY RELATIONSHIPS

- Being able to choose your partner
- Being able to talk about contraception and safer sex
- Feeling respected and loved
- Being free from coercion and violence.

HEALTHY SEXUALITY IS...

3. ASK ME ANYTHING

This activity helps meet the following outcomes:

Grade 7:

- Investigate the concept of Sexual Health

Grade 8:

- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9:

- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource

Goals:

- Create a safer space for student to explore sexual health
- Encourage students to ask for help and seek out answers

Leave an anonymous question box out for the entire year where students can ask questions or suggest topics for lessons. Ensure that this question box is secure and confidential (you may want a box that locks).

Let students know that there are no stupid questions, and that you will answer each question that is submitted. Let them know that if you don't know an answer you will seek out a person or resource that does. It's likely that you won't be able to answer all of the questions, but that's okay! Get in touch with other sexual educators who might know and get them to answer the questions for the class.

Choose a day each week to answer as many questions as possible.

Tips for teachers:

- If you have an anonymous question box, it is important that you or another sexual health educator answer each question. Otherwise, students whose questions are left unanswered might think that their questions were shameful or wrong.
- If you get too many questions to answer you may want to type up the questions (so they aren't identifiable) and have students break into groups to research the answers.
- An anonymous question box can be a great way to build trust in a classroom, but it can also have the opposite effect if it is neglected.

4. NAME GAME

This activity helps meet the following outcomes:

Grade 7:

- Investigate the concept of Sexual Health

Grade 8:

- Examine the cultural and historic aspects of sexuality

Grade 9:

- Identify and describe reproductive and sexual health concerns of youth and apply communication and interpersonal skills to discuss reproductive and sexual health issues.

Goals:

- To introduce students to the language that will be used in the classroom.
- To discuss the importance and power of language.
- To familiarize teachers with emerging slang.

*Note: This activity can be done either in groups or as a large group with the teacher facilitating. It can be a great icebreaker, but can also result in a lot of silliness and loudness in the classroom. Assess your own comfort level before beginning this activity.

Divide students into groups and give each group a name game handout and have them fill out the sheet with as many synonyms as they can.

Ask students to add anything that they feel is missing. New slang about sex is constantly surfacing and this is a good way to check in with your students about language.

Ask your students to discuss these questions:

1. Are there any words here that make you uncomfortable or that you find offensive or rude?
2. Are there words you have never seen or don't understand?

Explain to them that people call their genitals all sorts of words. For the sake of clarity, in the classroom we will be using anatomical words. This doesn't mean that they can't use other words for themselves. For example a Trans* person may not want to call what doctors would call their vagina by that word. They may call it their "hole", their "front hole" or any other number of words.

Give students anatomical diagrams of the genitals and fill them out together with the anatomical names.

THE NAME GAME

There are a lot of words we use to describe sex, and that language is important to understand when we're talking to our friends, parents, teachers and doctors.

For each word below, discuss the definition and then come up with some other words used to describe each thing. Which words would you use with your friends? With an educator? With your doctor?

Whatever you call your parts, it's important to be comfortable discussing sex with people you trust and your partners. Having language that you're familiar with and comfortable with is an important part of this.

Vagina

Penis

Oral Sex

Manual Sex

Condoms

Intercourse

Kissing

Being in a relationship

5. VALUES VOTING

This activity helps meet the following learning outcomes:

Grade 7:

- Identify what your students value and set personal goals that contribute to their health and value system.

Grade 8:

- Analyze the Relationship between values and being motivated to lead a healthy life

Goals:

- Explore what factors impact how we think about sex, gender, and sexuality
- Explore how what affects our values may be different from others

Choose some statements for your class, or use the entire list provided on USB. Randomly assign students to either the “pro” side or the “con” side. For each statement get students to write down several points.

Emphasise that you may not agree with the value you had to “argue”, but it is important to recognise that everyone has different values.

Hand out values voting list and get students to **anonymously** check off boxes for their own values. You can use this as a reference for yourself. Also, it is always a great idea to check your own values as a teacher and see how they match those of your class. Keep these in mind throughout your lessons.

End with these discussion questions. Invite students to journal about them.

1. How easy was it to vote on these values?
2. Which statements were hardest for you? Why?
3. If your parents voted on these statements, would they be similar to, or different from, those of this group?
4. What happens when the values of your friends differ from yours?
5. What happens if your partner has different values than you?
6. Who do you think has the most influence on your values? Your family, friends, religion, partner, etc?
7. What happens if you make decisions that don't align with your values? How does this affect you and your relationships?

Congratulate everyone for their honesty and thoughtfulness. Remind your students that everyone has values that will influence the way they make decisions, and they have the right to make choices that are right for them (not based on their parents', friends', or partners' values). However, they have to respect that other people have different values and may make different decisions.

Inspiration for this activity from Beyond the Basics: A Sourcebook on Sexual and Reproductive Health Education, Canadian Federation for Sexual Health, 2005 (http://www.cfsh.ca/Resources/Educational_and_Training_tools/Beyond-the-Basic-Sourcebook.aspx)

6. INTERVIEW WITH AN ADULT

This activity helps meet the following learning outcomes:

Grade 7:

- Identify what your students value and set personal goals that contribute to their health and value system

Grade 8:

- Examine the cultural and historical aspects of sexuality

Grade 9:

- Identify and describe reproductive and sexual health concerns of youth and apply communication and interpersonal skills to discuss reproductive and sexual health issues

Goals:

- Encourage discussion between students and trusted adults
- Begin to explore how attitudes towards sex and sexuality change over time

Get students to practice their interview skills by first interviewing each other in pairs with the questions provided in the hand-out, which can be modified, added to, or subtracted from, based on identification of needs by the teacher.

Give students questions and adequate time to interview an adult in their lives about how society's attitudes towards sexuality have changed since they were teenagers, and to compare values. Students are to write three more questions to ask them about sexuality or other challenges facing teenagers today.

Students can either pass in the interview, or you could have them present it to the class. Alternatively, allow them to film or record the interview or create a poster that they present to the class.

Afterwards, have students discuss how they felt their own opinions were different for those of the person they interviewed. What did they agree with? What didn't they agree with?

Sample Interview Questions are provided below.

TIPS:

- Allow for some flexibility. Some students may not be able to discuss these things with their parents or family members. Students who are uncomfortable could discuss the questions with a local sex educator, counsellor, or other trusted adult.

INTERVIEW WITH AN ADULT

- What did you most like to do when you were my age?
- What was being a teenager like for you?
- What sort of attitudes existed about teens having sex or getting pregnant?
- What kinds of birth control was available to you when you were young?
- What responsibilities did you have in your family when you were an adolescent?
- What attitudes about teen sexuality do you think have changed over the years?
- What do you think is the biggest change between being a teen now and being a teen when you were young?
- What was the greatest source of conflict between you and your parent(s)?
- What do you like most about being a parent?
- What is the biggest responsibility of a parent?
- What do you think is the hardest thing about being a teen today? The best?
- What advice would you give to teens today?
- What lessons did you learn from parents or other adults that you try to pass on?
- Why do you think we don't talk about sexuality very much?
- Would you have benefited from more information about sex and sexuality when you were young?
- Are there some questions about teenagers that you would like to ask?

7. DOCUMENTARY VIEWING

Documentaries can be useful teaching tools in sexual education. In part this is because it brings a perspective or voice into your classroom that otherwise wouldn't be there. For example, *My Prairie Home*, tells the story of a trans* person growing up in rural Canada. Hearing these voices is an important part of learning about the diverse experiences of sex, sexuality, and gender in Canada.

A list of recommended documentaries can be found below. Not all films are appropriate for all ages. We recommend watching the films before screening them. Some films are available to borrow from Second Story Women's Centre in Lunenburg.

Positive Women

2013

45 minutes

Women's voices have rarely been heard on this important issue. What happens if a woman does not disclose her HIV-positive status to a sexual partner? How does criminalization impact HIV-positive women in Canada, who are trying to live their lives in the shadow of stigma and fear? Does the law actually protect women's health? How do women feel about their experience with the criminal law with respect to HIV non-disclosure? *Positive Women: Exposing Injustice* takes the audience into the hearts and minds of four positive women bravely speaking out on this important issue.

Content warning [gendered and racialized violence]: There is an image of a woman who was beaten on the screen briefly. <http://www.positivewomenthemovie.org/video.html>

Last Chance

2012

84 minutes

Last Chance tells the stories of 5 asylum seekers who flee their native countries to escape homophobic violence. They face hurdles integrating into Canada, fear deportation and anxiously await a decision that will change their lives forever. The film will be available for download-to-own for \$14.95 in high definition and \$9.95 in standard definition, and as a video-on-demand rental for \$2.95 from the NFB website.

<http://www.nfb.ca/film/last-chance>

Two Spirited

2007

6 minutes

Two Spirited is the empowering story of Rodney "Geeyo" Poucette's shattering encounter with prejudice and his journey to overcome it. As a two spirited person (gay, lesbian, bisexual, and transgendered), Geeyo hasn't always been so readily accepted in some Aboriginal communities. In August 2000, Geeyo registered as a dancer in the Kamloopa Powwow under the Jingle Dress category - a category normally reserved for women. After competing, an elder discovered that Geeyo was, in fact, a man and took away his championship. Deeply humiliated, he stopped dancing. Two spirited people were once respected and honoured for their spiritual gifts. The Jingle Dress Dance is his gift.. Six years

after the Kamloopa Powwow, Geeyo makes a triumphant return to the powwow arena, realizing that the only way to change people's minds is to walk proudly, while being true to one's spirit. This video is available from NFB on DVD (classroom use) for 14.95. http://www.nfb.ca/film/first_stories_two_spirited

My Prairie Home

2013

77 minutes

In Chelsea McMullan's documentary-musical, *My Prairie Home*, indie singer Rae Spoon takes us on a playful, meditative and at times melancholic journey. Set against majestic images of the infinite expanses of the Canadian Prairies, Spoon sweetly croons us through their queer and musical coming of age. Interviews, performances and music sequences reveal Spoon's inspiring process of building a life of their own, as a trans person and as a musician.

This film is being released in October 2013, and should be available on NFB subsequently.

http://www.nfb.ca/film/my_prairie_home

Apples and Oranges

2007

17 minutes

Apples and Oranges is designed to raise children's awareness of the harmful effects of homophobia and gender-related name calling, intolerance, stereotyping, and bullying.

In the course of a lively in-class discussion among elementary students and an equity educator, children's paintings magically dissolve into two short animated stories. In *Anta's Revenge*, Anta finds out that creativity--not revenge--is the best way to deal with a school bully who makes fun of her for having two moms. *Defying Gravity* tells the story of Habib and Jeroux, two skateboarding friends whose relationship comes to a screeching halt when one of them finds out the other is gay. By illustrating how derogatory names can hurt, *Apples and Oranges* helps to dismantle stereotypes about gays and lesbians. The animated stories in the video will help students of all elementary grades explore name calling and bullying. The video in its entirety can be used with children aged 8-12 for learning about families, differences, and respect. Available for purchase for 19.95 from NFB http://www.nfb.ca/film/apples_and_oranges. Also available to CAMPUS subscribers for free (membership is 29.95 per year).

Status Quo

2012

1 hour 45 minutes

Feminism has shaped the society we live in. But just how far has it brought us, and how relevant is it today? This feature documentary zeroes in on key concerns such as violence against women, access to abortion, and universal childcare, asking how much progress we have truly made on these issues. Rich with archival material and startling contemporary stories, **Status Quo** uncovers answers that are provocative and at times shocking.

Available for download or purchase for 19.95

http://www.nfb.ca/film/status_quo_the_unfinished_business_of_feminism/trailer/status_quo_the_unfinished_business_trailer

Flawed

2010

12.5 minutes

Also available in French

Flawed is nothing less than a beautiful gift from Andrea Dorfman's vivid imagination, a charming little film about very big ideas. Dorfman has the uncanny ability to transform the intensely personal into the wisely universal. She deftly traces her encounter with a potential romantic partner, questioning her attraction and the uneasy possibility of love. But, ultimately, **Flawed** is less about whether girl can get along with boy than whether girl can accept herself, imperfections and all. This film is both an exquisite tribute to the art of animation and a loving homage to storyboarding, a time-honoured way of rendering scenes while pointing the way to the dramatic arc of the tale.

Available online at <http://www.nfb.ca/film/flawed>

Sexy Inc: Our Children Under Influence

2007

45 minutes

Sophie Bissonnette's documentary analyzes the hypersexualization of our environment and its noxious effects on young people. Psychologists, teachers, and school nurses criticize the unhealthy culture surrounding our children, where marketing and advertising are targeting younger and younger audiences and bombarding them with sexual and sexist images. **Sexy Inc.** suggests various ways of countering hypersexualization and the eroticization of childhood, and invites us to rally against this worrying phenomenon.

Available online at http://www.nfb.ca/film/sexy_inc/

Generation M: Misogyny and Culture

2008

1 hour

Looks specifically at misogyny and sexism in mainstream American media, exploring how negative definitions of femininity and hateful attitudes towards women get constructed and perpetuated at the very heart of our popular culture. The film tracks the destructive dynamics of misogyny across a broad range of media phenomena including the hypersexualization of commercial products aimed at girls and the explosion of violence in video games aimed at boys. Discount pricing available for educators.

<http://www.mediaed.org/cgi-bin/commerce.cgi?preadd=action&key=234>

Content warning: Graphic images of women who were beaten by their partners.

Killing Us Softly 4 : Advertising's Images of Women

2010

45 Minutes

In this new highly anticipated update of her pioneering "Killing Us Softly" series, the first in more than a decade, Jean Kilbourne takes a fresh look at how advertising traffics in distorted and destructive ideals of femininity. The film marshals a range of new print and television advertisements to lay bare a stunning pattern of damaging gender stereotypes – images and messages that too often reinforce unrealistic and unhealthy perceptions of beauty, perfection, and sexuality. By bringing Kilbourne's groundbreaking analysis to update, "Killing Us Softly 4" stands to challenge a new generation of students to take advertising seriously and to think critically about popular culture and its relationship to sexism, eating disorders and gender violence.

Available online: <http://www.mediaed.org/cgi-bin/commerce.cgi?preadd=action&key=241>

Miss Representation

2011

90 minutes

Like drawing back a curtain to let bright light stream in, Miss Representation uncovers a glaring reality we live with every day but fail to see. Written and directed by Jennifer Siebel Newsom, the film exposes how mainstream media contribute to the under-representation of women in positions of power and influence in America. The film challenges the media's limited and often disparaging portrayals of women and girls, which make it difficult for women to achieve leadership positions and for the average woman to feel powerful herself.

Information on screening this film is available here: <http://www.missrepresentation.org/>

The Mask we Live in In Production

By the same producers as Miss Representation. The Mask You Live In documentary will examine how gender stereotypes are interconnected with race, class, and circumstance, and how kids are further influenced by the education system, sports culture, and mass media- video games and pornography in particular. The film also highlights the importance of placing emphasis on the social and emotional needs of boys through healthy family communication, alternative teaching strategies, conscious media consumption, positive role modeling and innovative mentorship programs. The film is in production but could be used in future years

More information is available here: <http://www.missrepresentation.org/tag/the-mask-you-live-in/>

HEALTH ACROSS THE POPULATION: THE INTERSECTION OF DIFFERENCE

This section contains several activities aimed at helping students to understand the ways in which numerous factors, such as race, class, geographic region, gender, sex, and sexuality intersect to affect health. These activities also discuss both historical and modern oppression, and the negative impact it can have on certain people and communities.

1. TACKLING SEXUAL STEREOTYPES

This activity helps meet the following learning outcomes:

Grade 7:

- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image and how it can affect participation in physical activity.

Grade 8:

- Examine the dimensions of sexual identity, media portrayal of sexual identity and identify the degree to which their feelings about sexual identity are similar to or different from those of others

Grade 9:

- Examine issues around hypersexualization of girls and sexualisation of women and how this can contribute to violence

Goals:

- Examine the stereotypes associated with gender and sex
- Think critically about how these stereotypes impact our lives

Exercise 1: younger students

1. Ask students to write down the top ten things boys should like and the top ten things girls should like.
2. Ask them to share some of what is on their lists and create two lists on the board.
3. Ask students whether they think this is fair. Do they like things on both lists? Are the lists realistic?
4. Then ask students to identify what values are associated with each thing (i.e. if boys should play sports is on the list, does this mean that boys should be aggressive and active?)
5. After discussion, show the class this video by Feminist Frequency
<http://www.feministfrequency.com/2010/11/toy-ads-and-learning-gender/>

Main takeaways:

- These "shoulds" are constructed. Lots of people like things from both lists.
- The things boys or girls should like, and the things boys or girls are are connected, and make it so that there is certain ways to be a "good" or "proper" boy or girl.
- Many people like things or have characteristics on both lists!

Exercise two: Older students

Ask:

1. How does gender stereotyping affect how we act in relationships?
2. How does gender stereotyping impact jobs?
3. How does gender stereotyping affect our perception of leadership?
4. How does gender stereotyping affect participation in school? Physical activity?

2. HISTORY OF SEXUAL POLITICS IN CANADA

This activity helps meet the following learning outcomes:

Grade 8:

- Examine the cultural and historical aspects of sexuality

Grade 9:

- Analyse why factors that determine a person's health are not evenly distributed in the population

Goals:

- Familiarize students with important historical moments in sexual health and LGBTQ/Women's rights.

Draw a timeline on the board or a long piece of paper from 1900-2013.

Hand History of Sexuality cards to students (from kit. You can also make additional cards if you would like).

Have them guess where this happened on the time line. Once they have made a guess, ask the class if they agree. Then tell the students where it actually goes, along with more information about that date.

Ask students

1. Did any of these dates surprise them?
2. What events were they most curious about or surprised them the most because it was so early/late?
3. Are there any events that they hadn't heard about? Why do they think that is?

Have students look up a date that they think was important to the history of Sexual Politics in Canada. Have students present them, and add them to the timeline.

HISTORY OF SEXUALITY CARDS

1965

George Klippert is arrested and charged with four counts of gross indecency after he confessed to having consensual sex with men. Klippert is the last person in Canada ever to be imprisoned for homosexuality before the criminal code legalized homosexuality in 1969.

DEC 21 1968

Pierre Trudeau introduces a bill to reform the Criminal Code of Canada, it addresses social issues such as homosexuality, abortion and divorce. Trudeau's characterization was captured in the now-famous statement "there is no place for the state in the bedrooms of the nation."

MAY 14 1969

Canada decriminalizes homosexual acts between consenting adults.

1995

Egan v. Canada rules that freedom from discrimination on the basis of sexual orientation is a protected right.

MAY 10 2002

A judge orders the Durham Catholic District School Board to allow Marc Hall, an openly gay student, to bring a same-sex date to the high school prom in *Marc Hall v. Durham Catholic School Board*.

2005

The federal Civil Marriage Act is passed, making same-sex marriage legal throughout Canada.

FEB 8 2010

The 2010 Winter Olympics in Vancouver include the event's first-ever Pride House for LGBTQ athletes.

HISTORY OF SEXUALITY CARDS

1987

The AIDS Coalition to Unleash Power (ACT-UP) was founded in the US in response to the US government's slow response in dealing with the AIDS crisis.

1918

Women over 21 get the right to vote at the federal elections. Women also won the right to vote provincially in Nova Scotia.

1968

Henry Morgentaler begins performing illegal abortions at his private clinic in Montreal.

1918

In the United States, Margaret Sanger is charged for distributing information about contraceptives.

1892

Parliament passes Canada's first Criminal Code. It prohibits abortion as well as the sale, distribution and advertising of contraceptives.

1970

Morgentaler's abortion clinic is raided in and he is charged with several offences. Morgentaler would face 20 years of legal battles.

JAN 28 1988

The Supreme Court of Canada strikes down Canada's abortion law as unconstitutional. The law is found to violate Section 7 of the Charter of Rights and Freedoms because it infringes upon a woman's right to "life, liberty and security of person."

HISTORY OF SEXUALITY CARDS

JUNE 2013

Nova Scotia's government agrees to fund sex reassignment surgery (SRS).

1919

In Berlin, Germany, Doctor Magnus Hirschfeld co-founds the Institut für Sexualwissenschaft (Institute for Sex Research), a pioneering private research institute and counseling office. Its library of thousands of books was destroyed by Nazis in May 1933

1937

The first pink triangle was first used to mark gay men in Nazi concentration camps.

1969

Considered by many to be the single most important event in the LGBTQ liberation movement, the Stonewall Riots were a series of spontaneous riots and demonstrations in New York City in response to Police raids. The next year, New York's first pride parade was held to commemorate the one year anniversary of Stonewall. Pride parades are typically held in June to commemorate these actions.

1972

Sweden becomes first country in the world to allow trans people to legally change their sex, as well as the first to provide free hormone therapy.

1973

The American Psychiatric Association removes homosexuality from its Diagnostic and Statistical Manual of Mental Disorders (DSM-II).

1982

First known as GRID5 (gay-related immune deficiency), or colloquially as 'gay cancer' the CDC used the term AIDS for the first time in September 1982.

HISTORY OF SEXUALITY CARDS

2008

Plan B becomes available over the counter without a prescription

2007

Federal Government launches a national vaccination program to vaccinate against HPV.

1969

The pill is made legal and available in Canada

1988

Halifax celebrates its first Pride Week

2011

The town of Bridgewater publically supports the right to breastfeed undisturbed in public places.

1550- 1850 BCE

Egyptian papyrus documents contain some of the earliest descriptions of birth control which include the use of honey, acacia leaves, herbs and other materials to block sperm from reaching the egg.

1909

Richard Richter developed the first intrauterine device made from silkworm gut.

3. THE LEGACY OF THE RESIDENTIAL SCHOOL SYSTEM

This activity helps meet the following learning outcomes:

Grade 7:

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships.
- examine the positive and negative reasons for starting and ending relationships

Grade 8

- Examine the cultural and historical aspects of sexuality
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental, and social health concerns

Grade 9:

- Examine the cause and effect of unhealthy and abusive relationships, and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships Analyse why factors that determine a person's health are not evenly distributed in the population

Goals:

- Learn about Canadian history and residential school system.
- Examine how oppression, violence, and abuse that children faced in residential schools has had a lasting impact on the relationships and health of aboriginal people in Canada.
- Introduce the concept of the "cycle of violence".

CONTENT WARNING: These videos contain stories of abuse, neglect, assault, and rape. They may be triggering for some students. Make sure to let students know ahead of time and have resources available.

Show students one or more of the following CBC videos that explain what happened in residential schools, and how the abuse has continued to affect families for generations.

1. A Lost Heritage: Abuse Affects the Next Generation, by CBC
<http://www.cbc.ca/archives/categories/society/education/a-lost-heritage-canadas-residential-schools/abuse-affects-the-next-generation.html>

2. A Lost Heritage: For Survivors, the Hurt Comes Back, by CBC
<http://www.cbc.ca/archives/categories/society/education/a-lost-heritage-canadas-residential-schools/for-survivors-the-hurt-comes-back.html>

3. Surviving the Survivor, by Wab Kinew
<http://www.youtube.com/watch?v=EPX9a5r6uAQ>

Ask students:

- How might the legacy of residential schools impact aboriginal people today? Their health? Their relationships?
- How might the impacts of residential schools on aboriginal families affect sexual and reproductive health?
- What challenges do aboriginal people today face when it comes to access to care?

4. THE RURAL/URBAN DIVIDE: ACCESS TO CARE IN NOVA SCOTIA

This activity helps meet the following learning outcomes:

Grade 8

- Examine the cultural and historical aspects of sexuality

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships, and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships

Goals:

- Examine the differences between access to care and services in Rural and Urban Nova Scotia
- Explore the challenges related to Sexual Health in rural Nova Scotia

Get students to brainstorm a list of considerations that people living in rural Nova Scotia have to consider when accessing health care (for example, to get a pap test). Write these concerns on the board.

Next, have students brainstorm a list of considerations that people living in urban NS have to consider when accessing health care. Write these concerns on the board.

Go over each point and choose which would be a **substantial barrier** to actually getting care. For example, maybe certain kinds of health are only available in Halifax. Lack of transportation, the price of gas, or not being able to miss work might be an issue that prevents some people from accessing the health services they need.

Ask students

1. How they think that these issues might impact health overall?
2. What are some ways of overcoming the barriers faced by people in rural Nova Scotia?

Teacher Resources:

We have provided one example below. Many issues will be similar, although challenges will vary from one community to another. We have also provided the following background information to help you frame the issue:

Hurry up and wait. The experiences of young women in rural Nova Scotia accessing specialized care (2011).

Jessie Harrold, MA and Lois A. Jackson, PhD

<http://www.cma.ca/multimedia/staticContent/HTML/N0/I2/cjrm/vol-16/issue-3/pdf/pg83.pdf>

Rural Canada: Access to Health Care (2002).

Stephen Laurent

<http://publications.gc.ca/Collection-R/LoPBdP/BP/prb0245-e.htm#1Gender>

A compilation of research on rural girls' and young womens' issues (2012)

Girls Action Fund

http://girlsactionfoundation.ca/files/rural_research_review_online.pdf

RURAL/URBAN DIVIDE: EXAMPLE FOR TEACHERS

Concern: Accessing abortion

Rural considerations: Might not have a doctor who will refer you to get an abortion, will have to travel to Halifax to get an abortion (will need to get time off, find a ride, pay for gas), if family doctor won't provide an ultrasound you may need to travel to Halifax twice, might be concerned about anonymity and confidentiality if you go to a family doctor.

Urban considerations: Need to have someone to pick you up from your appointment after an abortion (you are not allowed to walk out or take the bus), may need to take time off for work/school during appointments.

Substantial Barriers:

For many people in rural areas there are substantial barriers to getting an abortion. The trip to Halifax and the costs associated with it will be hard for many young people. A common concern for people living in rural Nova Scotia confidentiality and finding an understanding doctor might be a concern. While this is true for people in urban Nova Scotia as well, there are more services (like the Halifax Sexual Health Centre) that can provide these services in non-judgmental and confidential ways.

Accessing abortion is not easy in any part of Nova Scotia, but there are several significant challenges to accessing care in rural Nova Scotia that may be not present or not as important for those living closer to Halifax.

5. TRANSPHOBIA, HOMOPHOBIA AND THEIR IMPACTS ON HEALTH

This activity helps meet the following learning outcomes:

Grade 7:

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships.
- examine the positive and negative reasons for starting and ending relationships

Grade 8

- Examine the cultural and historical aspects of sexuality
- Practice the ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental, and social health concerns

Grade 9

- Analyse why factors that determine a person's health are not evenly distributed across the population

Goals:

- Learn about homophobia and transphobia, and how they affect health
- Learn about the unique challenges that LGBTQ people face in the healthcare system

Give students a "health care privilege" checklist and read each question out loud.

Explain to them that many people experience discrimination, harassment, and frustration when they try to access healthcare and give them the "LGBTQ and health care" fact sheet.

Show students this video by Planned Parenthood in Toronto that shows some of the challenges Queer youth face when trying to find a doctor:

<http://www.youtube.com/watch?v=HyZLybR-f7U&list=PL-wIWLItJMIZmDXxKGn4luOD3ie-ziBZi>

You can find other privilege checklists at It's Pronounced Metrosexual

<http://itspronouncedmetrosexual.com/>

The following handout was adapted from resources created by Planned Parenthood Toronto for their Queering Sex Ed program.

TRANSPHOBIA, HOMOPHOBIA AND THEIR IMPACTS ON HEALTH

What is privilege? Privilege is a set of advantages that a group has because of their membership in the group. Members of the group may not realize that they have privilege because it is part of every day life for them. Privilege is linked to oppression (think racism, sexism, homophobia, etc.). Oppression is something that is systemic, meaning that it affect all parts of our society, culture and lives. Oppression gives one group advantage over another group, which results in benefits for the group in power.

For example: women are paid 70 cents to every dollar that men make. While individual women may make more than individual men, as a group women are often paid less because of social stigma and gender norms associated with being a woman.

This handout asks some questions about healthcare. LGBTQ people often experience discrimination, and exclusion in the healthcare system. The point is not to make anyone feel guilty, but to show how some people have privilege even though it might be hard to see.

Health care practitioners don't ask inappropriate questions about my sexuality, body or partners.

I am not afraid that a health care practitioner will treat me unfairly because of my sex, sexuality or gender.

I can easily find a doctor who understands my sex, sexuality and gender.

My health care providers asks and uses the words I use for my genitals.

My health care providers uses my correct name and pronoun.

My health care providers are comfortable working with me regardless of my sex, sexuality and gender.

My health care provider doesn't make assumptions about who I have sex with.

I have never had a health care practitioner refuse to treat me because of my gender identity or sexual orientation.

My health care provider doesn't ask intrusive questions unrelated to my health.

My health care provider doesn't assume that I need an STI test because of my gender identity or sexual orientation.

There are toilets I can use at my doctor's office.

HELP!: EXPLORING COMMUNITY RESOURCES

This section includes activities designed to help students identify the resources and organizations available in your area, and the province. These activities encourage students to think about how access to care varies throughout the province, how they can access care, and how they can help their friends and families access care.

1. WHAT IF...? SEXUAL HEALTH

This activity helps meet the following learning outcomes:

Grade 7

- Investigate the concept of Sexual Health

Grade 8

- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm, and practice scenarios that show support and help
- Examine methods for contraception and the prevention of sexually transmitted infections, recognizing that most birth control methods do not protect against sexually transmitted diseases
- Practice the ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental, and social health concerns

Grade 9

- Analyse why factors that determine a person's health are not evenly distributed across the population
- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource
- Examine the negative impact of stereotyping upon help seeking behaviour

Goals:

- Explore what resources are available within the community
- Understand how to get help and the challenges associated with accessing care
- Increasing knowledge needed to help friends/family members who need care
- Understanding how to access care and what questions to consider when seeking care

Give each student a "what if..." scenario card. Ask them to imagine that they were this person and needed to seek the help that is on the card. Get them to use the internet, call organizations, or ask service providers for help finding out what their options would be.

Ask students to find out how expensive the service would be, where they could access it, would they need to travel, etc. Also get students to identify any barriers to seeking care that they can see (i.e. would they need to ask their parents for help accessing this service).

This exercise can be done in groups or alone, and should be done over a couple weeks to give students ample time to explore and present the options.

Have students share this information in some way. Students could present it to the class, or work together to create a resource guide for the classroom or school.

WHAT IF...? CARDS

WHAT IF...?

A friend of yours thinks they may have an STI but they're scared to get tested because they don't know what the tests are like. You think your friend should be tested and you want to help them find information. How do people get tested for STIs? What STIs can a person be tested for?

WHAT IF...?

You have a friend who is trans* and wants to talk to someone about it. You want to help them find good resources like local organizations, phone lines and websites. What exists and how can they get in touch?

WHAT IF...?

You are a person in a wheelchair who needs information about sexual health. What organizations can you go to for help. They need to be accessible i.e. no stairs.

WHAT IF...?

You had sex and the condom broke. You aren't on birth control and want to take the morning after pill (Plan B, emergency contraceptive). Where can you go to get it and how much does it cost?

WHAT IF...?

You are a lesbian who is experiencing harassment and homophobia at school. Who can you talk to? Are there policies at your school that protect you? What about laws?

WHAT IF...?

You are a trans person who is experiencing harassment and transphobia at school. Who can you talk to? Are there policies at your school that protect you? What about laws?

WHAT IF...?

Your friend is being pushed and slapped their partner. You know that this is partner abuse and want them to talk to someone about it. Where can they go for help?

WHAT IF...?

Your friend recently disclosed to you that they were raped as a child. They want to get counseling. Where can they go? Is there a wait list? Is there a cost?

WHAT IF...?

You are a trans person who can't use gender bathrooms because you experience harassment and are scared of violence in both. Who can you talk to about this? Does your school have a policy that will help? Where are there gender neutral bathrooms or single stall bathrooms?

WHAT IF...?

You are a young man who has recently become sexually active. Lately you've noticed that peeing is uncomfortable. What could this be and who do you talk to to get help?

WHAT IF...? CARDS

WHAT IF...?

Your partner says that he doesn't want to use condoms because the "pulling out" method (or, withdrawing the penis before ejaculation) is just as effective. Is this true? How does the success rate of this method compare with other birth control methods?

WHAT IF...?

You are a high school student who has just had a baby. You want to finish school and need to find childcare. Where are the daycare centers around you? How much do they cost? Are there alternatives?

WHAT IF...?

You are a young person who has become pregnant and wants to carry the pregnancy to term (have the baby). What sort of care do you need to get?

WHAT IF...?

You have started puberty but you aren't sure if what you're experiencing is normal. You would like to talk to someone other than your parents. Who can you talk to?

WHAT IF...?

You are straight, but you don't think it's fair the LGBTQ people are harassed at your school. How can you support them? You've heard of gay-straight alliances (GSAs). Where is the nearest one? How do you start one?

WHAT IF...?

You are a young person who is having sex. To avoid pregnancy you are taking the pill but you find that it makes you sick and moody. You think that it may be the hormones in the pill. What kinds of non hormonal birth control methods are available?

WHAT IF...?

You're thinking about having sex with your partner but you're worried about getting pregnant and your parents don't want you to go on birth control. Where can you go to get help and information?

WHAT IF...?

You have a younger sibling who has just started their period. Who can they talk to about this? How can you help them? What sort of menstrual products are available and where can you get them?

WHAT IF...?

You are a young person who has become pregnant and wants to have an abortion. Who can you talk to to get a referral? Where can you get an abortion? Do you need your parent's permission?

WHAT IF...?

You are interested in having a baby, but want to get information first. Where can you go? What sort of care do you need before becoming pregnant?

2. IDENTIFYING SUPPORT NETWORKS

This activity helps meet the following learning outcomes:

Grade 8

- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, or psychological harm, and practice scenarios that show support and help
- Practice the ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of Sexual Health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource

Goals:

- Help students identify the resources available to them
- Help students identify the characteristics of a good support person
- Help students identify and develop the skills that are necessary to be a good support person.

Have students write down three people they trust that they could tell if they had a serious sexual health concern (i.e. if they or their partner were pregnant, or if they had an STI). Tell students to be specific.

Have students identify five characteristics that these people share (i.e. they are a good listener, they keep secrets, etc). Then, have student identify five characteristic of poor communicators.

Have students share or call out these characteristics and write them down.

Explain to students that it is important to be able to help our friends when they need support. The list you have created has some ways that we can all become better at supporting our friends.

Have students write a paragraph or two about how they can support their friends.

Teacher Resources: We have provided our referral guide after the glossary. This lists many resources available to students on the South Shore.

SEX ON SCREEN: HYPERSEXUALIZATION, MEDIA LITERACY, AND PORNOGRAPHY

This section contains several media literacy activities. These range from analyzing advertisements to discussing how porn is different from real-life sex. All of these activities are meant to encourage students to think critically about the ways in which sex, gender, and sexuality are depicted in the media, and give them the critical thinking skills needed to navigate and enjoy the media.

Traditional ways of teaching media literacy tend to use presentations of the images (for example, slideshows of sexist or racist advertisements). Students are usually already hyper-aware of these images. Studies have shown they are inundated with thousands of these images every year. Therefore, we must ask ourselves “why are we continuing to display these images?”. Given that students are already aware of the content, the continued display of these images can be seen as perpetuating a voyeuristic culture where bodies are put on display for consumption. Additionally, the point of many lectures tends to be “doesn’t viewing these images make you feel bad about yourself”. We know that the answer to that question tends to be yes. Therefore, it is critical to be aware of potential negative impacts of forcing students to view these images in a classroom setting.

By contrast, these exercises encourage students to think critically about the media they already consume. It also asks them to engage creatively and to push back against the media through creation of positive images.

Note: The Lunenburg County Sexual Health Centre will be producing several resources on pornography literacy for students, parents, and teachers in early 2014. These will be posted on our website once they are completed.

1. EXPLORING THE DEFINITION OF HYPERSEXUALIZATION

This activity helps meet the following learning outcomes:

Grade 7

- Identify what they value and set personal goals that contribute to their health and value system
- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image, and how it can affect participation in physical activity

Grade 8

- Examine the cultural and historical aspects of sexuality
- Examine the dimensions of sexual identity, media portrayal of sexual identity, and identify the degree to which their feelings about sexual identity are similar to, or different from, those of others

Grade 9

- Examine issues around hypersexualization of girls and sexualization of women and how this can contribute to violence

Goals:

- Introduce the concept of hypersexualization
- Allow students to explore how hypersexualization impacts their lives

Hypersexualization is becoming a bit of a buzzword, and is often used for many different things. For the purposes of this kit, Hypersexualization is the application of sexual meaning that someone does not or cannot understand onto them (i.e. marketing lingerie to toddlers and young children). The **exoticization** and **romanticization** of the "other" in **ableist, transphobic, homophobic, racist, and classist** ways (i.e. the voracious black woman, a stereotype that supports racist ideas about black female sexuality). The prioritization of sexiness over all other characteristics for young women (i.e. selling stupid as sexy). The sectioning off of body part for visual consumption apart from the whole body or person. (i.e. ads that depict only breasts or bums to sell something unrelated). It also bears noting that sexual imagery is highly **heteronormative** and **heterosexist**.

Exploration and expression of sexuality is not hypersexualization. For example, a young woman who has started masturbating is probably just exploring her own sexuality, this is not being hypersexualized.

SEX AND THE MEDIA

How often do you see sex used as a tool to sell something?

Do these advertisements make you feel bad or good?

What characteristics does the media say it's most important for a women to have?

What characteristics does the media say it's most important for men to have?

Do you see LGBTQ people in the media?

What does a sexy person look like and do according to the media (magazines, TV, advertisements)?

Are these realistic characteristics?

Who is excluded or not represented in this definition of sexy?

How do you think the way the media shows people, sex and relationships affects teenagers?

Are there good things about the way sex and relationships are portrayed in the media?

Are there bad things about the way sex and relationships are portrayed in the media?

2. ADVERTISEMENT ANALYSIS

This activity helps meet the following learning outcomes:

Grade 7

- Identify what your students value, and set personal goals that contribute to their health and value system
- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image, and how it can affect participation in physical activity

Grade 8

- Examine the cultural and historical aspects of sexuality
- Examine the dimensions of sexual identity, media portrayal of sexual identity, and identify the degree to which feelings about sexual identity are similar to or different from those of others

Grade 9

- Examine issues around hypersexualization of girls and sexualization of women and how this can contribute to violence

Goals:

- Encourage critical thinking about media advertisements
- Discuss motive behind sexual advertisements
- Discuss intersection of sex, shopping, and business
- Discuss racism and sexism in the media
- Discuss the conflicting pressures put on young people by the media

Ask students to think about the advertisements they see on a daily basis and answer these questions:

1. What is being advertised? Can you tell?
2. If the item is not being shown, what else is being sold? Is there an implied promise of Happiness, sex, or success?
3. How are women portrayed? How are men portrayed?
4. Do you see non-white people in media very often? If so, how are they portrayed?
5. Do you see homosexual people in media very often? If so, how are they portrayed?
6. Do you see transgender people in media very often? If so, how are they portrayed?
7. Do you see objectification in the ads? Are parts of people sectioned off for viewing or taken as separate from the whole individual?
8. What is the overall message?
9. Do you think media affects you? If so, in what ways?
10. Ask students to pick a product and create an advertisement for it (a poster, acting out a skit, etc.), that has positive representations of gender and bodies. Ask students to reflect on the effects advertisements like this would have. Are they more comfortable with them? Do they still accomplish their purpose?

3. CREATION OF A VIDEO OR SHORT DOCUMENTARY

This activity helps meet the following learning outcomes:

Grade 7:

- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image, and how it can affect participation in physical activity
- Analyse positive and negative outcomes of social networking and mobile devices

Grade 8:

- Examine the cultural and historical aspects of sexuality

Grade 9:

- Examine the negative impact of stereotyping upon help seeking behaviour
- Examine issues around hypersexualization of girls and sexualisation of women and how this can contribute to violence

Goals:

- Encourage creativity and critical thinking in responding to the media
- Encourage students to engage with and be critical about the media around them

Have students create a 2-3 minute video that will present factual information on a topic they wish to explore. They can create their own voice clips or interviews from peers, teachers, etc.

Encourage them to respond to current mainstream media sources, for example:

- Create a response to a recent advertisement for a beauty product.
- Create a response to a recent romantic comedy/action movie.
- Analyze and critique the lyrics to a popular song

4. MEDIA JOURNAL

This activity helps meet the following learning outcomes:

Grade 7

- Identify what they value and set personal goals that contribute to their health and value system
- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image and how it can affect participation in physical activity

Grade 8

- Examine the cultural and historical aspects of sexuality
- Examine the dimensions of sexual identity, media portrayal of sexual identity and identify the degree to which their feelings about sexual identity are similar to or different from those of others

Grade 9

- Examine issues around hypersexualization of girls and sexualization of women, and how this can contribute to violence

Goals:

- Encourage critical thinking about media advertisements
- Discuss motive behind sexual advertisements
- Discuss intersection of sex, shopping, and business
- Discuss racism and sexism in the media
- Discuss conflicting pressures put on young people by the media

Get students to keep a journal that documents all of the media they engage with or are exposed to throughout the week. Ask them to include a list of things they seek out (websites, magazines, music, TV shows, etc.) as well as the things around them that they see (billboards, commercials, advertisements, etc). Ask them to write a daily reflection on how this media made them feel (whether positive or negative). At the end of the week, ask students to identify which media had the most positive effects, and which had the most negative effects. Have your students write or brainstorm about ways to avoid media that they find negative.

This exercise is adapted from an activity in "What you Really Really Want" by Jaclyn Friedman. This book is an excellent resource for young women (<http://www.jaclynfriedman.com/writing/books>)

5. PORN LITERACY: THE HIGHLIGHT REEL

This activity helps meet the following learning outcomes:

Grade 7

- Identify what they value and set personal goals that contribute to their health and value system
- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image and how it can affect participation in physical activity

Grade 8

- Examine the cultural and historical aspects of sexuality
- Examine the dimensions of sexual identity, media portrayal of sexual identity, and identify the degree to which feelings about sexual identity are similar to or different from those of others

Grade 9

- Examine issues around hypersexualization of girls and sexualization of women and how this can contribute to violence

Goals:

- Encourage critical thinking about pornography
- Discuss who makes pornography and why
- Discuss racism and sexism in the media
- Discuss conflicting pressures put on young people by the media
- Recognize how pornography differs from "real life" sex and sexuality.

Show students the highlight reel from this olympic gold medal game between Canada and the USA. (<http://www.youtube.com/watch?v=G7DeQbTzPE8>)

Ask students to imagine that they had never seen an actual hockey game before. Based on what they just saw, what conclusions would they draw about hockey?

Explain to your students that pornography is similar. The finished product is a "highlight" reel of hours of work. Most porn will never show the behind the scenes, but it's important to understand how much work goes into creating porn and to realize that it does not show reality, it shows a representation.

This activity is a good introduction for the next activity, where students think about some of the practical differences between pornography and real sex.

This exercise was inspired by Marty Klein's interview on CBC's radio program Q (<http://www.cbc.ca/player/Radio/Q/ID/2374033205/>).

6. PORN LITERACY: THE PORN WORLD IS NOT THE REAL WORLD

This activity helps meet the following learning outcomes:

Grade 7

- Identify what your students value and set personal goals that contribute to their health and value system
- Demonstrate an understanding of the aesthetic and ability factors that can influence one's body image and how it can affect participation in physical activity

Grade 8

- Examine the cultural and historical aspects of sexuality
- Examine the dimensions of sexual identity, media portrayal of sexual identity and identify the degree to which their feelings about sexual identity are similar to or different from those of others

Grade 9

- Examine issues around hypersexualization of girls and sexualization of women and how this can contribute to violence

Goals:

- Encourage critical thinking about pornography
- Discuss who makes pornography and why
- Discuss racism and sexism in the media
- Discuss conflicting pressures put on young people by the media
- Recognize how pornography differs from "real life" sex and sexuality.

Divide the board into two sections. Label one section "In Porn", and the other "In Real Sex".

You could divide the students into groups for this activity, although you would need to print more copies of the porn literacy cards.

Have students discuss whether the card describes something "in porn" or "in real life". Students can also decide that a card fits under both categories. In that case they should place the card on the dividing line. After students have had time to discuss, have them place the cards on the side they choose (with sticky tack or tape).

Discuss their answers. You may want to use these discussion questions:

- How many people does it take to put on a play or make a movie? Do you think the situation is similar in porn?
- How is a porn movie shot? Who is the imagined audience? Does this reflect everyone's desires/feelings/emotions?
- What parts of sex aren't shown in porn movies?

This exercise was inspired by Bish's Sexual Education on Pornography. He has a more in depth program available on his website for educators and parents. His website also has a lot of information for youth over 14. <http://bishuk.com/>

PORNOGRAPHY LITERACY CARDS

IN PORN? IN LIFE? IN BOTH?

Sex goes on for hours without anyone getting tired

IN PORN? IN LIFE? IN BOTH?

Sex can be a little awkward, or tiring. It might last a long time, but it also might be quite short.

IN PORN? IN LIFE? IN BOTH?

Penetration is the focus. Foreplay tends to be pretty short.

IN PORN? IN LIFE? IN BOTH?

"Foreplay" is an important part of sex to make sure that everyone is comfortable. It might also be the only thing you do during sex! Lots of people may skip penetration entirely.

IN PORN? IN LIFE? IN BOTH?

People orgasm often and easily.

IN PORN? IN LIFE? IN BOTH?

On average, it takes 7-20 minutes to reach orgasm, but it can be quicker, slower or not happen at all.

IN PORN? IN LIFE? IN BOTH?

Sex is all about visual appeal

IN PORN? IN LIFE? IN BOTH?

Sex is about all your senses including touch, sight, smell, taste and hearing.

IN PORN? IN LIFE? IN BOTH?

People have sex often without knowing each other.

IN PORN? IN LIFE? IN BOTH?

People might have sex with people they don't know well. But communication and trust is an important part of sex.

IN PORN? IN LIFE? IN BOTH?

All sorts of people have rewarding and respectful sex.

IN PORN? IN LIFE? IN BOTH?

Porn can depict black and brown bodies, dis/abled bodies as well as LGBTQ bodies in problematic and offensive ways. It can objectify, fetishize and exploit them.

PORNOGRAPHY LITERACY CARDS

IN PORN? IN LIFE? IN BOTH?

Most penises are very large

IN PORN? IN LIFE? IN BOTH?

The average penis is about 5.2-5.5 inches when erect

IN PORN? IN LIFE? IN BOTH?

People are often tall, and thin.

IN PORN? IN LIFE? IN BOTH?

People of all body sizes and shapes can have active and fulfilling sex lives

IN PORN? IN LIFE? IN BOTH?

People rarely practice safer sex, and almost never use condoms.

IN PORN? IN LIFE? IN BOTH?

People often use methods to protect from pregnancy and/or STIs

IN PORN? IN LIFE? IN BOTH?

Vulvas are often very similar with almost no pubic hair. Some people get labiaplasties, which is a surgery to "trim" the labia so they look more symmetrical. This can result in loss of sensation.

IN PORN? IN LIFE? IN BOTH?

Vulvas come in all shapes and sizes. Some have longer or lopsided inner labia, some have lots of hair, some don't, some are purpleish, some are pink, etc.

IN PORN? IN LIFE? IN BOTH?

Women in porn are often very thin with large breasts. They tend to all look very similar.

IN PORN? IN LIFE? IN BOTH?

Women come in all sorts of shapes and sizes

IN PORN? IN LIFE? IN BOTH?

People move effortlessly between positions and always seem to know what feels good without asking.

IN PORN? IN LIFE? IN BOTH?

Partners need to talk to each other about consent, what feels good, when they get tired, whether they want to do something for sex to be good

YES MEANS YES, NO MEANS NO: CONSENT, BOUNDARIES AND RESPECT

This section contains information and activities about consent, boundaries and respect. Many of the discussions in this section cover rape, assault, and harassment.

These discussions are important to have throughout the lifespan, but are especially important for students in grades 7-9. These conversations can be difficult for adults to have, in part because we have grown up in a culture where victims of abuse are stigmatized and silenced. If the scope of this conversation intimidates you, focus on small pieces. For example, make sure your classroom is a space where students ask and respect no (even when it comes to things like borrowing a pencil). It's also incredibly important to monitor and stand up against sexual harassment. For many young people, sexual harassment becomes a part of every day life in the school system. For example, bra snapping or slapping someone's bum is often brushed aside, but it sends the message that crossing boundaries and touching someone's body without their consent is acceptable or expected.

As a teacher these myths about what is accepted or expected will come up a lot in conversation, they will often take the form of "boys will be boys" or "girls actually like it when you do that". You might also run into victim-blaming (or slut shaming) dialogue. These sorts of dialogues are seen in the media and even in the legal system, and often take the form of explaining a person's past sexual history or describing what they were wearing, doing or drinking at the time of the assault. All of these descriptions serve to place the blame on the victim for somehow "asking for" the assault. They are pervasive and deeply rooted cultural myths about assault, and are important to discuss.

If you are interested in learning more about rape and assault, I would suggest reading Jaclyn Friedman and Jessica Valenti's *Yes Means Yes* and the blog by the same name: <http://yesmeansyesblog.wordpress.com/>

The sexual health centre is a resource for both you and your students as you have these discussions!

1. FREE WRITE & THINK ABOUT CONSENT

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, injury, and driving while impaired

Goals:

- Explore the concept of consent
- Explore personal practices around consent and sex
- Encourage self-critical exploration and learning

Each day get students to write for 10 minutes in a private journal about one or more of these questions. The goal is to offer students the opportunity to deeply consider these issues and to invite conversations about consent. Please note, sharing personal experiences with the class could involve revealing facts that occurred between two students in the class. This could be shaming or cause pain to the involved students. Hypothetical situations are a safer alternative for class discussions.

After students have a chance to reflect individually, you could also choose to have a class discussion on the daily subject.

1. What comes to mind when you think about consent? How would you explain it?
2. Do you ever talk to your friends, parents, or partners about consent?
3. Do your friends explain consent differently than you do? Does anyone have different opinions than you do about it?
4. Have you ever been unsure about whether or not a person you were touching wanted you to be touching them? Did you talk about it? Did you ignore it, hoping it would change? Did you keep going because you liked it and didn't want to deal with the other person's feelings? Did you continue because you felt that you had to?
5. Who do you think is responsible for getting consent?

6. When something is making you uncomfortable, how do you express it? How might other people express it?
7. Do you think it is possible to misinterpret silence for consent?
8. Have you ever talked to your friends or partners about what makes them uncomfortable, and how they show that something is making them uncomfortable?
9. Do you think that talking about things is a pain, wastes time or ruins the mood?
10. Do you ever think about the potential that someone you know has been abused in the past? How would knowing this change the way you act around them?
11. Do you pursue someone sexually even after they have said that they just want a friendship?
12. What do you think it means if someone is affectionate? Do you assume it means that they are interested in sex?
13. Do you talk about boundaries with others? What are some of your boundaries? What are some of your friends' boundaries? Do you think it is easy to respect them?
14. Have you ever tried to talk someone into something or doing something that they seemed to not want to do?
15. Do you think it's okay to objectify or judge people that you think are promiscuous? Do you think that it's less important to ask them about what makes them comfortable?
16. Do you think sex is a game? How might this be problematic?
17. Have you ever made someone feel 'un-fun' for not trying certain sexual activities. Are there ways you act that might make people feel this way even if you don't mean to?
18. Have you ever used jealousy to make someone feel bad or control the way they act?
19. Do you think that if you are in a relationship that your partner should do sexual things with you?
20. If you drink or do drugs do you seek consent the same way as when you are sober? Do you think your friends do?
21. Do you do things to show your partner that you're listening and that you're interested in their ideas about consent?

This activity is adapted from Support Zine. www.dorisdorisdoris.com. The full list can be found in the Learning Good Consent zine included in the teacher resources.

2. LEARNING CONSENT

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, injury and driving while impaired

Goals:

- Explore the concept of consent
- Explore personal practices around consent and sex
- Begin to explore legal and social implications of lack of consent.

Ask students the following questions:

1. What is your understanding of consent?
2. What barriers may arise when communicating with your partner about consent?
3. How could you communicate more openly?
4. Write down the names of 3 people you feel comfortable discussing healthy relationships and consent with. This question should be done privately and students should not need to pass it in.

Important points:

- You cannot consent to sex when you are under the influence of drugs or alcohol
- You cannot give consent to someone in a position of authority to you (under 18)
- Sexual assault is not just rape. Sexual assault can be any form of sexual touching, kissing, or non-penetrative sex
- The majority of sexual assaults are committed by people known to the victim
- Discuss where to go and who to talk to in case of sexual assault

Tips for Teachers:

This lesson is a good conversation to have before the zine making activity.

We have included resources for you when teaching about consent in the teacher resource folder on the USB. These include:

1. Supporting Someone who has been Sexually Assaulted
2. Sexual Assault Booklet from the Nova Scotia Advisory Council on the Status Of Women
3. Youth Guide to Consent
4. Learning Good Consent Zine
5. How to put together your own participatory, community-specific, radical, consent workshop zine
6. Let's talk about consent, baby zine

3. CREATE A CONSENT POSTER OR CONSENT POEM

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, injury and driving while impaired

Goals:

- Explore the concept of consent
- Explore personal practices around consent and sex
- Begin to explore legal and social implications of lack of consent.
- Encourage independent learning
- Encourage students to creatively engage with issues

Show students the "No means no" poster, "ask me about my boundaries" poster and the "Ask" poem*. Students can work alone or in a group to create a new poster or poem that explores:

- Asking for consent
- Setting boundaries
- Legal definitions of consent
- Respecting your partner and friends
- How to ask for help
- Healthy relationships
- Unhealthy relationships

Each poster should explain who/what/where/when and how as well as barriers and challenges associated with the theme.

4. ZINE-MAKING TO EXPLORE CONCEPTS RELATED TO CONSENT

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, injury and driving while impaired

Goals:

- Explore the concept of consent
- Explore personal practices around consent and sex
- Begin to explore legal and social implications of lack of consent.
- Encourage independent learning
- Encourage students to creatively engage with issues

Students can work separately or together on this project. Tell them that they can use any resources they have. Invite them to use information from class as well as some independent research and personal thoughts.

For this lesson, students will make a zine (a self-published, handmade magazine) on a topic related to consent. These resources can be great to have around so encourage students to create the resources with other students in mind. You could have a mini-zine fair in your classroom afterwards and invite students to share their zines with each other and other students.

Topics:

1. Asking for consent (how to do it, why is it sometimes hard, why is it important?)
2. Setting boundaries (how to do it, why is it sometimes hard, why is it important?)
3. Talking to your friends and partners about sex and sexuality
4. Healthy relationships
5. Supporting your friends

Tips for Teachers:

See the USB for some templates on making zines. There are also several zines available on the USB that you could use as examples.

ZINE TEMPLATES

Basic One page Zine

4.	3.	2.
1.	Back	Cover

Booklet Zine!- must be multiples of 4 or else there will be blank pages. This zine is designed to be printed out, folded in half and stapled.

back	cover
------	-------

2.	15.	14.	3.
4.	13.	12.	5.

Etc. etc. Then, when you go to print set the file to "flip on the short side".

5. SETTING BOUNDARIES

This activity helps meet the following learning outcomes:

Grade 8:

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships

Grade 8:

- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help

Grade 9:

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling

Goals:

- Explore consent, boundaries and interpersonal communication
- Develop skills to creatively and critically think about issues
- Develop presentation skills
- Develop skills to say “no” to pressure and also to respect peers’ decisions

Divide into pairs (or bigger groups) and have students write a script, starting with the line given on their scenario. One student is trying to pressure the other one to do something they don’t want to do.

Have a conversation, where one person continues to convince the other, and the other has to find creative ways to stick to their position. Students should be able to make jokes, or use natural language that they use with their peers. Note to students:

- The skit must conclude with a decision (to break up, to agree, to negotiate, to compromise).
- The skit can have several scenes (over a longer time period).
- Other “characters” must become involved and have either a positive or negative influence.

Students will present their scripts in skit form to the class.

SETTING BOUNDARIES: SKIT SCENARIOS

PRESSURE LINES...

A couple have already done a lot of different sexual activities but not intercourse. One wants to have sex, the other does not. Start with the line "I just want to show you how much I like you."

PRESSURE LINES...

One teen is trying to convince another to have sex. Start with the line "If you don't have sex with me I will tell everyone you're a lesbian".

PRESSURE LINES...

One teen is trying to convince another to go out on a date. The second teen is not interested, but is trying to say no without hurting the first's feeling. Start with her line "Everybody wants to date. What's wrong with you?"

PRESSURE LINES...

One teen's parents have left for the night. They want to convince another that they should come stay the night. The second isn't sure and is nervous about anything happening- so far they have only made out. Start with the line "I love you. It's OK - we won't go too far."

PRESSURE LINES...

You have been drinking at a party and you see your friend who is really drunk go into a room with two other people. You go after them and try to get your friend to leave. Your conversation happens with one of the people. The person you are confronting starts with the line "Come on, don't be such a prude. Your friend says she wants to be with us".

PRESSURE LINES...

One person does not want to give the other oral sex (blow job or "going down on"). Start with the line, "Come on, don't you love me?"

PRESSURE LINES...

One person tries to convince the other to not use a condom during sex, the other wants to. Start with the line: "It doesn't feel good for me when we use it."

PRESSURE LINES...

Two friends talking. One doesn't understand why her friend won't have sex with her partner. Start with the line "I don't know why you think it is such a big deal, everyone is doing it."

6. MY PERSONAL BOUNDARIES

This activity helps meet the following learning outcomes:

Grade 8:

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships

Grade 8:

- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help

Grade 9:

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling

Goals:

- Explore consent, boundaries and interpersonal communication
- Explore and identify personal boundaries
- Develop skills to say no to pressure and also to respect peers' decisions

Get students to think about and write down some things that they really want to do, might want to do and will not do in the next 5 years. These could be things like travelling to another country, sky diving, going to university, etc.

Get students to share their lists with a friend. Invite them to think about how they want to talk about what's on their list, and how they respond to their friend's lists.

Explain that creating personal lists like this can help sexual partners negotiate boundaries and individuals to explore and understand their own comfort levels.

It's important to note that these lists are not permanent, or a contract. Things might shift and move from column to column, and boundaries must be respected. This means that if something's on the 'no' list it's there for a reason and no one should push to get it on the 'maybe' or 'yes' list. Because lists might shift, it's also important to check-in on regular basis to see how things have changed. Finally, if something is on the yes or maybe list that DOES NOT count as consent. There still must be a conversation. This can be a good way to get students talking to their partners about consent on their personal time.

7. NEGOTIATING CONSENT

This activity helps meet the following learning outcomes:

Grade 8:

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships

Grade 8:

- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help

Grade 9:

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling

Goals:

- Explore consent, boundaries and interpersonal communication
- Explore and identify personal boundaries
- Develop skills to say no to pressure and also to respect peers' decisions

This is an exercise that can and should be done every year of Healthy Living. Consent is not just something that we should discuss in the context of sex. We negotiate consent in many parts of our lives. Despite this, we are less likely to talk about negotiation or consent in the context of sex because there is still an expectation that people should “naturally” understand what the other person wants from a sexual encounter or intimate relationship. The concept of negotiating consent involves several things. It requires that all participants understand what is being proposed, that no one assume what another is thinking or feeling, and that everyone is able to make a decision free of coercion and/or violence.

What is Consent?

Ask students to get into groups and define consent. After they have made a list, come together and discuss their answers. Compare their answers and fill in any missing parts from the “Consent” handout.

Ask students to break into groups again and come up with ways of asking for consent. Come together as a group and discuss some ways. Ask the students which they are comfortable with or can see themselves using.

Give students the consent and “ask” handouts (on USB) and get them to add anything they came up with that isn't included.

Negotiating Consent: Handholding exercise. Note: No actual physical contact should take place.

In this exercise “hand holding” will be a metaphor for any kind of sexual activity and students will negotiate within this. This exercise will give students the experience of both asking for consent and responding to an advance.

Break into groups of 3.

In the first part of the activity we practice saying no. One student will ask the other to hold their hand and the first student will practice saying no. The third student observes and offers support if needed.

In the second part, students will practice saying yes (but not actually going through with holding hands).

After the exercise is completed, ask students to talk about what they liked and didn't like about it. Recap and emphasize the importance of asking for consent each time and never assuming consent.

The hand-holding activity was adapted from the zine "How to put together your own participatory, community-specific, radical, consent workshop". The full zine is included in the teacher resource folder of the USB.



CONSENT IS MANDATORY. SEX WITHOUT CONSENT IS RAPE.

Here are some ways to ask in the heat of the moment. But don't forget... talking about it beforehand is always better. You should check in often with your partner. Keep getting consent throughout.

May I _____?
touch _____?
kiss _____?
put my _____?

Are you into this?

How are you feeling?

What would you like me to do?

I think it's hot when my partner does _____ to me.

Would you like it if I _____?

Where do you see this going?

What should I look for if you start to not be okay with this?

Consent is defined as the act of willingly, enthusiastically, and verbally agreeing to engage in specific sexual conduct. The following are clarifying points:

- Consent is required each and every time there is sexual activity.
- Just because someone said yes once, doesn't mean that that is consent for every time afterwards.
- Everyone has to have a clear understanding of the sexual activity.
- Each new level of sexual activity requires consent.
- Using agreed upon forms of communication. Safe words and gestures are okay, so long as they were discussed and verbally agreed upon beforehand.
- Consent is always required regardless of a person's sexual history, relationship status or current activity (i.e. dancing).
- Silence is not consent.

From

"let's talk about consent" by the hysteria collective, and

"Let's talk about consent, baby" by the Down There Health Collective

8. SPEAK UP!?

This activity helps meet the following learning outcomes:

Grade 8:

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships

Grade 8:

- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help

Grade 9:

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling

Goals:

- Explore consent, boundaries and interpersonal communication
- Explore and identify personal tendencies
- Practice being perceptive of other's feelings
- Develop skills to say 'no' to pressure and also to respect peers' decisions

Activity 1: When do you speak up?

Have students pay attention (and journal) times when they need to speak up, and times when they choose not to. Do they let their friends know what they want to do at lunch? Do they tell their parents when they disagree with rules? Do they raise their hand in class if they have a question? If they are mad at their siblings or their partner, what do they do? After a couple days of journaling, invite students to pick one incident and write about how it felt. They should then pick a time when they didn't say what was on their mind, imagine what would have happened if they had spoken up, and write about it.

Activity 2: How do you speak up?

Get students to ask three trusted friends about their communication style. Ask them to think of a time that you all talked about something uncomfortable and difficult and ask them to remember how the student acted. Take notes on what they say. Do they all agree? Are you different with different people? Do you agree with their impressions? What are some good things about the ways you communicate? In what ways would you like to improve?

*These activities were adapted from Jaclyn Friedman's book *What You Really Really Want*, which is a great resource for people of all ages. <http://www.jaclynfriedman.com/writing/books>*

RAPE, ASSAULT AND HARASSMENT

These exercises are designed to familiarize students with the legal and social contexts of sexualized violence, rape, assault and harassment. There are exercises that introduce the potential role of the bystander and the effects of stigma and victim blaming. There is also considerable emphasis placed on how students can support victims of violence and finding out what resources are available to them and their friends.

CONTENT WARNING: This section contains exercises that discuss rape, assault and harassment. These subjects may be triggering for some students.

1. FINDING FACTS: RESEARCH ON SEXUAL ASSAULT

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Investigate the concept of sexual health

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, in jury and driving while impaired

Goals:

- Develop Research skills
- Expose students to factual information about rape, assault and harassment
- Explore the gendered and racialized nature of violence

Ask students to do research together using resources such as zines, pamphlets, and websites. We have provided a number of quality resources in the teacher resource file on the USB. You can pick and choose which are age-appropriate for your class.

They should be able to answer the following questions:

1. What is sexual assault? What kinds of sexual assaults are there (legal definitions, and others)?
2. How common is sexual assault?
3. How often are drugs used to perpetrate sexual assault?
4. Who are the victims of sexual assault?
5. Which populations are most likely to experience violence?
6. How often are people charged with sexual assault? Convicted?
7. What is the reporting rate of sexual assaults? Why is it so low?

After students have had time to research, ask them to share their answers and check them based on the answer sheet.

2. STIGMA AND VICTIM BLAMING

This activity helps meet the following learning outcomes:

Grade 7

- Identify what they value and set personal goals that contribute to their health and value system
- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Investigate the concept of sexual health
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, in jury and driving while impaired
- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource

Goals:

- Help students explore the concept of victim blaming and how it affects the victims of rape and assault
- Explore how victim blaming is linked with intersectional oppression.

CONTENT WARNING: Discussions about victim blaming and specific scenarios or news stories can be triggering for some students.

The students have explored what sexual assault is, who is affected and have done research to explore why reporting rates are extremely low when reporting sexual assault in the previous activity, which will help prepare them for this activity.

Ask them to read the story included below, or have two volunteers read the two parts out loud to the class. Then have students answer the questions below in groups.

Once students have answered the questions, discuss as a class.

1. This question asks students to reflect on how they might feel if someone blamed them for their own rape. It's worth reminding students that a victim is never responsible for being raped.
2. This question asks students to reflect on how being blamed might affect their decisions after an assault. Explain that **victim blaming** or not believing someone if they tell you that they have been assaulted often causes "**secondary trauma**" and decreases the likelihood that someone gets help, seeks care or tells anyone else.
3. Many news stories about rape include elements of victim blaming. One notable and explicit example includes the American case of Steubenville. Some victim blaming in the news may be more subtle (such as including irrelevant details about the victim's clothing, or if they had been drinking at the time of the assault). An excellent example of victim blaming in the justice system is the 1988 case of R. v. Ewanchuk, [1999] 1 S.C.R. 330. Where at the Ontario Court of Appeal, Judge McClund stated that the victim "did not present herself to Ewanchuk (the perpetrator) "in a bonnet and crinolines." He also described Ewanchuk's behaviour as "less criminal than hormonal". Further, in his decision he wrote "in a less litigious age going too far in the boyfriend's car was better dealt with on site — a well-chosen expletive, a slap in the face or, if necessary, a well-directed knee." This decision was overturned at the Supreme Court in a significant case that confirmed that no means no. This article covers the case, and may be a good read for older students:
<http://www.thecourt.ca/2009/02/10/ten-years-after-r-v-ewanchuk-confirmed-no-means-no/>
4. Victim blaming is tied to **intersectional oppression** and racism, sexism, bi/homo/trans* phobia. Therefore, there are other examples of these marginalized groups being blamed for violence perpetrated against them. The American case of Trayvon Martin is a situation of violence perpetrated against someone for being black, that was excused on account of his being black. While this case made headlines across North America, there are countless examples of excessive force and victim blaming being used on people of colour, homeless people and those with mental illness in Canadian society. Some more North American examples students may want to research include Sammy Yatim who was shot 9 times and killed by police in 2013 after he pulled a knife on a Toronto streetcar and John T. Williams, a member of the Nuu-chah-nulth First Nations, who was shot 4 times and killed by Seattle police in 2010 after he was spotted on the street with a carving knife.
5. There are exercises to help students explore supporting their peers through sexual assault later in this guide, but important points to cover at this point include believing a friend when they disclose rape or assault to you, and not asking questions that place the blame on them (i.e. "how much had you had to drink?" or "what were you wearing").

You may want to show students this video from Avalon Sexual Assault Centre that explains the importance of believing, and not blaming, victims of rape, assault and harassment:

<http://avaloncentre.ca/campaigns/start-by-believing/>

VICTIM BLAMING: MR SMITH IS ROBBED

"Mr. Smith, you were held up at gunpoint on the corner of First and Main?"

"Yes"

"Did you struggle with the robber?"

"No."

"Why not?"

"He was armed."

"Then you made a conscious decision to comply with his demands rather than resist?"

"Yes."

"Did you scream? Cry out?"

"No, I was afraid."

"I see. Have you ever been held up before?"

"No."

"Have you ever GIVEN money away?"

"Yes, of course."

"And you did so willingly?"

"What are you getting at?"

"Well, let's put it like this, Mr. Smith. You've given money away in the past. In fact, you have quite a reputation for philanthropy. How can we be sure that you weren't CONTRIVING to have your money taken from you by force?"

"Listen, if I wanted –"

"Never mind. What time did this holdup take place, Mr. Smith?"

"About 11:00 P.M.."

"You were out on the street at 11:00 P.M.? Doing what?"

"Just walking."

"Just walking? You know that it's dangerous being out on the street that late at night. Weren't you aware that you could have been held up?"

"I hadn't thought about it."

"What were you wearing at the time, Mr. Smith?"

"Let's see ... a suit. Yes, a suit."

"An EXPENSIVE suit?"

"Well – yes. I'm a successful lawyer, you know."

"In other words, Mr. Smith, you were walking around the streets late at night in a suit that practically advertised the fact that you might be good target for some easy money, isn't that so? I mean, if we didn't know better, Mr. Smith, we might even think that you were ASKING for this to happen, mightn't we?"

*You can find this story in various places around the internet, but the original version seems to have been:
From "The Legal Bias Against Rape Victims (The Rape of Mr. Smith)." Connie K. Borkenhagen, American Bar Association Journal, April, 1975*

VICTIM BLAMING: QUESTIONS

The Robbery of Mr Smith is a made-up scenario meant to illustrate some of the ways in which victims of sexual assault are blamed for the crime they were a victim of. Answer these questions and discuss with your class:

1. While the scenario of Mr Smith being asked questions about why he was robbed seems ridiculous, many victims of sexual assault face similar questions from their family, friends, service providers and the justice system when they report a rape or assault. How would you feel if you were a victim who was asked these questions?

2. If you were a victim who was asked these questions, how would it affect you? Would you still report the rape or assault? Would you still seek help? Would you tell your family and friends?

3. Can you find recent examples of victims of sexual assault being blamed for their assault?

4. What other groups of people are often blamed for violence committed against them?

5. What are some ways you can support a friend who is trying to report an assault and is facing victim blaming?

3. SUPPORTING VICTIMS/SURVIVORS

This activity helps meet the following learning outcomes:

Grade 7

- Identify what they value and set personal goals that contribute to their health and value system
- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Investigate the concept of sexual health
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, in jury and driving while impaired
- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource

Goals

- Introduce the concept of peer support to students
- Introduce the concept of trauma and triggering to students
- Give students tools to support their peers who have been raped or assaulted
- Explore resources that are available to victims in your community and in Nova Scotia

This series of activities involves a lot of brainstorming. The activities can be done in groups, and it may be best to provide large sheets of flip chart paper and markers so that students can write down their ideas as they work through the exercises.

Exercise on active listening

1. Ask students to think of someone they know who is a really great communicator, and someone they know who is a poor communicator (They do not have to tell anyone who they are

thinking of). Next, ask them to write down three examples of what makes each person a great communicator or a poor one.

2. Ask the class to share these characteristics and be sure to moderate to encourage the students to include many communication styles (i.e. some people speak with a stammer, this does not make them a bad communicator).
3. Review the pamphlet on active listening with students. Explain that when friends are telling us serious things, it's important to have these skills so that we can help.

Exercise on recognizing triggers and how to help

1. Ask students what they think the word "Trauma" means.
2. Ask them to think of and write down important things to know in the case of an emergency. How should people act in an emergency?
3. Explain that a person who has been triggered needs 'first aid' and may be panicking in their head. Explain that in these situations we need specific skills may be needed to respond appropriately.
4. Ask groups to brainstorm ways of supporting someone who has been traumatized or is panicking.
5. Review "First Aid for Emotional Trauma" information sheet with them.

Poster making: Supporting victims/survivors of sexual assault

1. Break students into groups and give each group one of the principals of helping survivors.
 1. Health and safety first
 2. Empower and give choices
 3. Believe what you hear.
 4. Listen first.
 5. Know your limits
 6. Stick it out
2. Give students resources like the zines in the "support" folder of the USB and the resource guides. Ask them to research their respective principle and create a poster that explains it.
3. Display the posters around the class.
4. Once the project is complete have a class discussion about how important support is.

Parts of this exercise were adapted from the Supporting a Survivor of Sexual Assault Zine. The full zine is included in the teacher's resources section of the USB.

COMMUNICATING THROUGH CRISIS

1. You do not need to be an expert. Generally, simply listening and being able to refer the individual to local organizations or groups is extremely helpful.
2. Believe them, without condition. Do not question their experience, and do not minimize it in any way. You can say things like "I know that something serious and hurtful has happened to you".
3. Speak without blame or judgment. Nothing that they have done caused the assault, regardless of where they were, who they were with, and what they were doing before the assault occurred.
4. Allow them to make decisions about what they do next. Many crises leave the person affected feeling out of control or powerless. It is essential for people to feel that they have some control over what happens to them next. Don't push them into things they aren't ready for (i.e. if they don't want to go to the police, don't force them). Your goal should be to have them feel supported in whatever decisions they make. Know what supports are available and let them know what options they have.
5. If you are silently listening, make sure the speaker knows you are listening. Listen actively: eye contact and body language go a long way. Make sure your body is facing the speaker, do not cross your arms, make eye contact and nod to show you are listening to and hearing what they are saying.
6. Take care of yourself. Allow yourself to have feelings about what happened, and seek support if you need it. We may feel angry, frustrated, sad, or anxious. These feelings make sense and it is important to be aware of and to acknowledge them.
7. If you are having trouble hearing the details of a crisis, say so. You are not a professional counsellor, and you should be aware of your own feelings and wellbeing when communicating with people in crisis. Ex: "I am feeling a little uncomfortable hearing the specifics of your abuse. If it would be helpful, I can come with you to see a counsellor as a support."

*This resource was adapted from information found on Avalon Sexual Assault Centre's website.
<http://avaloncentre.ca/>*

4. BYSTANDERS: WHAT CAN YOU DO?

This activity helps meet the following learning outcomes:

Grade 7

- Identify what they value and set personal goals that contribute to their health and value system
- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Investigate the concept of sexual health
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, injury and driving while impaired
- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource

Goals:

- Introduce the concept of "the bystander"
- Explore how a bystander can become involved while also doing as much as possible to ensure their own safety.
- Explore strategies for intervening as a bystander.

Ask students to discuss what a "bystander" is. Brainstorm in small groups then invite students to report back and write their answers down on the board.

Ask students to think of situations where having a bystander do something would be helpful. They may have explored bystanders in conversations about bullying and these examples may be useful (i.e.

it's useful when a bystander steps in when someone is being bullied). Brainstorm, then write the responses down on the board.

Ask students to think of some ways a person can intervene as a bystander. Brainstorm then write these ideas on the board.

Have students read this page on Hollaback! Halifax. It gives some examples of ways that people can intervene as bystanders, and some considerations for bystanders:

<http://halifax.ihollaback.org/about/ive-got-your-back/>

Have students complete the handout below. Once they have had time to think about their answers, invite them to compare and discuss with the class.

BYSTANDERS: WHAT CAN I DO?

Bystanders are people who witness or are around when rape, assault or harassment are happening. Active bystanders can help by visibly, and vocally being intolerant towards sexual assault and harassment. While bystanders must be careful about their own safety, there are ways you can help.

1. At lunch, one person in your class regularly hits your friend's bum. The person who does this and their friends think it's funny, but it upsets your friend. Whenever your friend asks them to stop, they just say that they're joking and that your friend should "lighten up". How can you help?

2. You're at the pool when a stranger starts making comments about a classmate's breasts. How can you help?

3. In the locker room, several of your classmates are making sexual comments about the body of a classmate who isn't in the locker room. What can you say or do to show your classmates that this isn't okay?

4. You're at a party and someone has been hitting on your friend all night. They've been getting progressively more aggressive and have backed your friend into a corner. It's making your friend uncomfortable. How can you help your friend?

5. Your friend has told you that they are being pressured into doing sexual activities that they don't want to do by their partner. They aren't sure what to do, and want your help. How can you help your friend?

HEALTHY AND UNHEALTHY RELATIONSHIPS

This section contains activities designed to help students learn about healthy and unhealthy relationships, and sort the reality from the many myths about abuse and assault. There is a heavy focus on developing skills to support peers who may need help as well as developing resiliency and exploring the concept of self-care.

CONTENT WARNING: Some of this material may be triggering for some students. Make sure to acknowledge this in the classroom and provide resources to all students.

1. RELATIONSHIP SCENARIOS

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource

Goals:

- Think critically about relationships that are depicted as romantic in the media.
- Think critically about relationships in the media, versus real life relationships.
- Identify some characteristics of a healthy relationship.

Show students two video clips from Beauty and the Beast (videos on Flash Drive or on youtube)

Dinner Scene: <http://www.youtube.com/watch?v=Gpshwg8iW38>

Belle Dressing the Beast's wounds: http://www.youtube.com/watch?v=kH_vcb2fQ2c

(Alternatively, you can use the movie/book series "Twilight" as a starting discussion point if you and your students are familiar with it. This video by Feminist Frequency brings up some points: <http://www.feministfrequency.com/2009/11/the-real-reason-guys-should-hate-twilight/>

Ask students a series of questions:

1. What parts of this relationship seem to be healthy? What parts are unhealthy?
2. If you were the friend of the couple, what would you do?
3. Where might these people go to get help?
4. Do you think this kind of behaviour happens between people your age? Give examples of controlling or abusive behaviours you see among your peers (students should be careful to not disclose personal information).

2. THIS IS LOVE, THIS IS CONTROL

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Identify school and community based resources and health services available to assist themselves or a friend if help or information in the area of sexual health, substance use, or gambling is needed, and practice how to make initial contact with such a service/resource

Goals:

- Examine and recognize the characteristics of an unhealthy relationship.
- Identify resources and people who can help

Part One:

In a large group or in smaller groups, give students the deck of “This is Love, This is Control” cards. Ask them to divide the cards into categories.

After dividing up the cards, ask to students to summarize what they discovered. What are the characteristics of loving relationships? What are the characteristics of harmful and abusive relationships? Remind students that this can apply to all relationships, not just romantic ones.

Part Two:

Invite students to read this Rookie article: <http://rookiemag.com/2012/02/bad-romance/>

Have students write a reflection based on the exercise and article. They can address questions such as:

1. How common do you think unhealthy relationships are for people your age?
2. How can you support a friend who is in an unhealthy relationship?
3. What are some resources or organizations who support people to make changes in unhealthy relationships.

LOVE VS. CONTROL CARDS

LOVE VS. CONTROL

You have disagreements and are able to work through them together

LOVE VS. CONTROL

You make decisions that impact you both together

LOVE VS. CONTROL

You can share honest feelings freely and you trust one another

LOVE VS. CONTROL

You respect one another's feelings and opinions, even if you disagree.

LOVE VS. CONTROL

You feel comfortable, respected, loved, supported, safe and secure

LOVE VS. CONTROL

If we are having sex or doing sexual things we both want to be and both enjoy them.

LOVE VS. CONTROL

I can go at my own pace in the relationship, including sexually.

LOVE VS. CONTROL

My partner and I can have conversations about birth control.

LOVE VS. CONTROL

My partner and I have shared friends and interests but also our own friends and interests

LOVE VS. CONTROL

We have fun together.

LOVE VS. CONTROL

If I want to end the relationship my decision is respected.

LOVE VS. CONTROL

My partner or I set all the rules for the relationship

LOVE VS. CONTROL

My partner is, or I am often jealous or possessive

LOVE VS. CONTROL

My partner monitors my communication with others (i.e. checks my phone without permission)

LOVE VS. CONTROL CARDS

LOVE VS. CONTROL

My partner follows me around, checks in with me constantly or expects that I check in constantly with them.

LOVE VS. CONTROL

I hide things from my partner that I think might make them angry.

LOVE VS. CONTROL

I am scared to disagree with my partner- even on small things and I avoid talking about problems in our relationship.

LOVE VS. CONTROL

My partner takes money from me without my permission, coerces me into giving them money or tells me what I can spend it on.

LOVE VS. CONTROL

I can't express my own opinions or feel that I have to agree with what my partner says.

LOVE VS. CONTROL

My partner tells me not to talk to friends that are concerned about our relationship.

LOVE VS. CONTROL

My partner yells at me, calls me names, puts me down, accuses me of things I haven't done, or always has something negative to say about me, my friends or my family.

LOVE VS. CONTROL

My partner refuses to use birth control or safer sex supplies or throws my birth control out.

LOVE VS. CONTROL

My partner has a bad temper or major mood swings.

LOVE VS. CONTROL

My partner hits, throws things or breaks things when angry or has hit, grabbed, punched, restrained or otherwise physically hurt me.

LOVE VS. CONTROL

My partner forces me to have sex, pose for sexual pictures or look at pornography that I don't want to.

LOVE VS. CONTROL

I feel that my partners behaviour is my fault and/or I feel that if I change in some way they will behave differently.

LOVE VS. CONTROL

I have an exit plan for if things get "really bad"

LOVE VS. CONTROL

My partner shares intimate photos or messages with their friends without my permission.

These cards have been adapted from S.E.X by Heather Corinna and the website www.expect-respect.org.nz

3. STARTING AND ENDING RELATIONSHIPS

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships
- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling
- Analyze the role of alcohol on the decision-making process, linking negative consequences with intoxication, including increased risk of unintended pregnancies, STIs, injury and driving while impaired

Goals:

- Practice negotiation skills within intimate relationships.
- Recognize the importance of communications skills within intimate relationships.
- Recognize the importance of a strong support system

Divide the class into four teams. Have a piece of chart paper on the wall for each group. Have the students huddle in a group a few metres away from the sheet so they can discuss answers. Tell the students that you will be asking them a question and that one student at a time must go up to the sheet and write an answer. The first team to get to five possible answers for each question wins and must sit down when they are finished. Encourage the team members to help each other out with coming up with answers.

Question 1: Why do people start romantic relationships?

Once all the groups are finished, ask students to share their groups' answers with the rest of the class.

Question 2: With this in mind, why do people end romantic relationships?

Once all the groups are finished, ask students to share their groups' answers with the rest of the class.

Question 3: How do people end romantic relationships?

Once all the groups are finished, ask students to share their groups' answers with the rest of the class.

Question 4: What are some important things you get from relationships other than romantic relationships?

Once all the groups are finished, ask students to share their groups' answers with the rest of the class.

4. RELATIONSHIP RULES: STEREOTYPES AND GENDER ROLES

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships

Goals:

- Introduce the concept of heterosexism
- Explore the relationship between rigid gender roles and healthy/unhealthy relationships.
- Introduce the idea of the "sexual script"

Ask the students to work together to answer the following questions (you could discuss as a class or have students write out their answers):

1. What are some "rules for relationships" that you've heard or people tell you that you should follow? In other words, what are some stereotypes about how people should act in relationships.
2. Do these makes sense to you? Do they sounds realistic? Do they sound fair?
3. How are these rules different for boys and girls? Do they consider people who might not want to identify as a boy or a girl?
4. What assumptions do these rules make about who people are dating?

Next, ask students to read this articles in Rookie. Discuss how they feel about these questions and the article as a class. <http://rookiemag.com/2013/09/the-dating-game/2/>

5. BREAKING UP

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Practice ability to listen to a peer to understand another's needs and circumstances, express understanding, and support them in getting help in relation to physical, mental and social health concerns

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships

Goals:

- Explore coping and resiliency skills.
- Discuss the importance of respect and compassion during interpersonal conflict'
- Validate the fact that multiple coping strategies exist and people may have many different emotions when breaking up.
- Explore the concept of self-care

Ask students to write two lists:

1. What things would make them feel better after having broken up with a partner?
2. How could they support a friend who had gone through a breakup?

Ask students to read this article. They should then discuss, or write a reflection on it.

<http://rookiemag.com/2012/05/breaking-in-a-broken-heart/>

6. MYTHS VS. FACTS ACTIVITY

This activity helps meet the following learning outcomes:

Grade 7

- Describe different types of interpersonal relationships, the importance of respectful and non-violent relationships, and examine the positive and negative reasons for starting and ending relationships
- Investigate the concept of sexual health
- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 8

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine the role of bystander in cases where a peer/friend is experiencing emotional, physical, psychological harm and practice scenarios that show support and help

Grade 9

- Examine the cause and effect of unhealthy and abusive relationships and practice communication and assertiveness skills to confront/address/manage unhealthy and abusive relationships

Goals:

- Explore rape myths and contrast them with factual information.
- Think critically about the information that exists about rape.

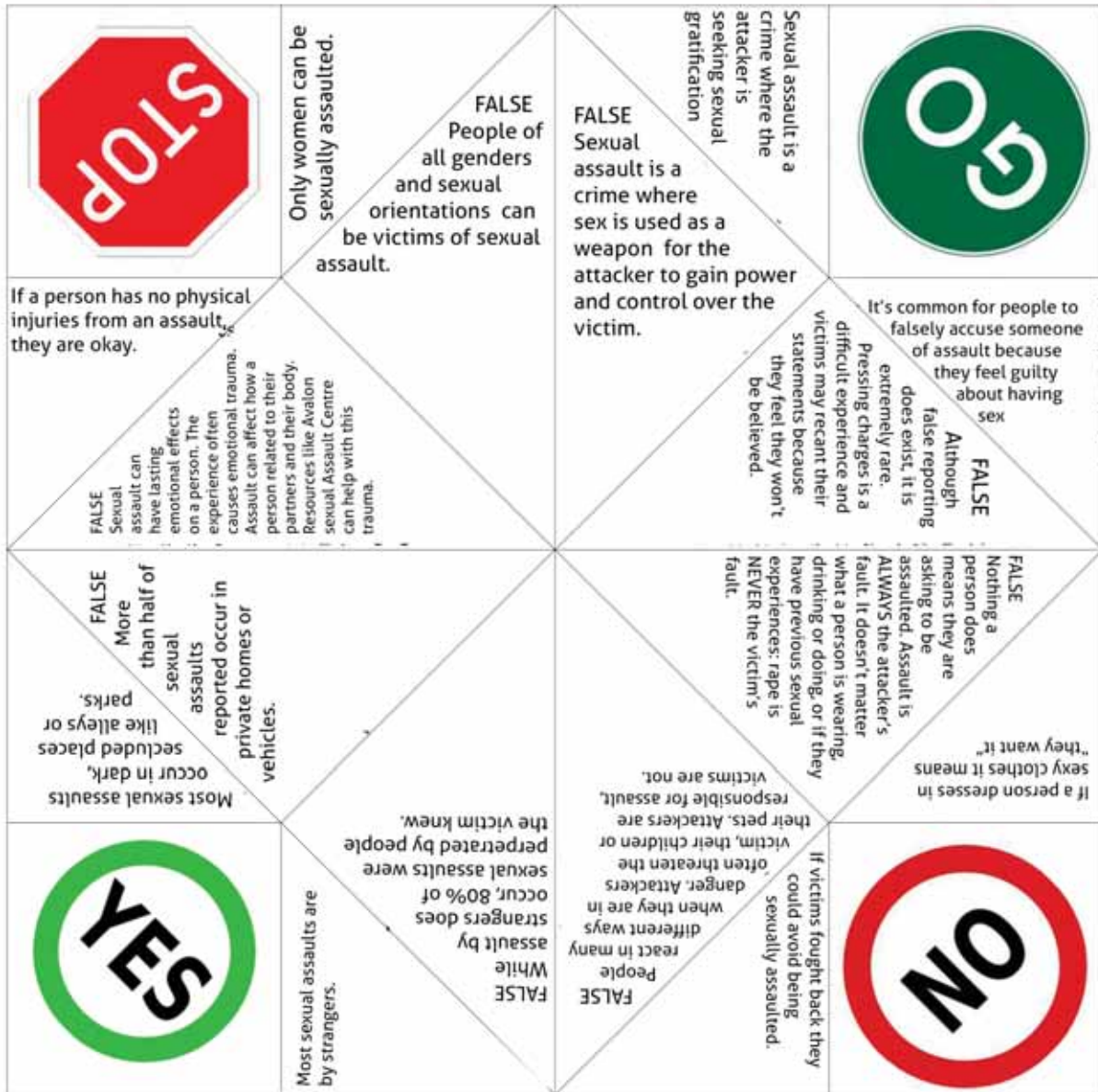
Print out “fortune tellers” and have students cut and fold them. There are two different versions. Have students play the game with each other.

Ask the following questions:

1. Were you surprised by any of the facts about sexual assault? Why?
2. Which facts do you think that most people don't know? Why is this important?

Resources for Teachers:

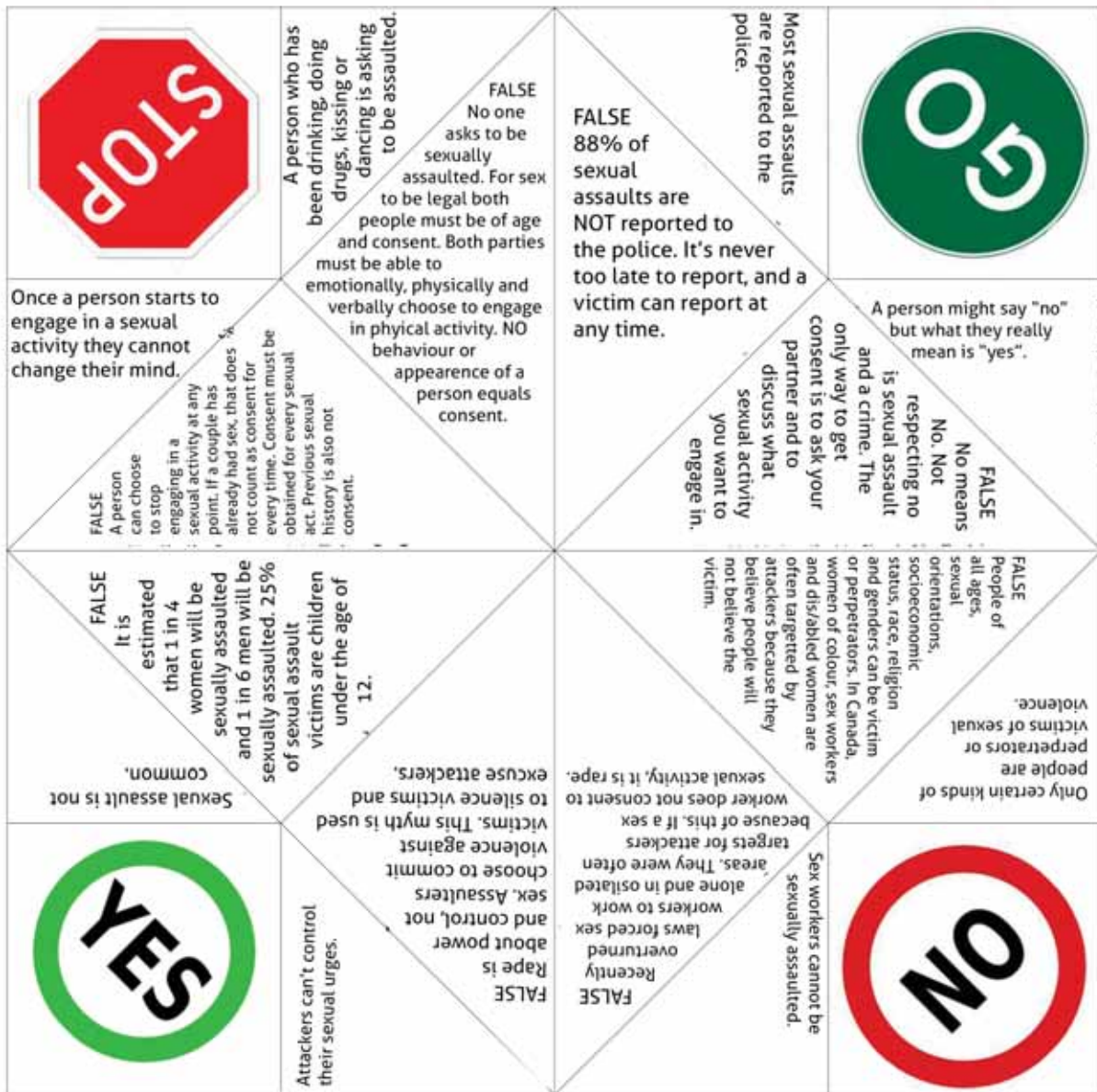
Sexual Assault What You Need to Know Brochure from the Legal Information Society (in kit)
Supporting Someone who has been sexually assaulted (USB)



FORTUNE TELLER INSTRUCTIONS

1. Print and cut out the fortune teller.
2. Fold in half, then fold in half again.
3. Open out and turn over so writing is towards table. Fold each corner into the middle.
4. Turn over and repeat folding corners to middle.
5. Turn over so you can see the pictures.
6. Slide your thumb and finger behind two of the pictures and press together so they bend.
7. Turn over and repeat with thumb and finger of other hand for the other two pictures.
8. All of the pictures should now be at the front with centres touching.
9. You're ready to use your fortune teller!

Myths and facts were adapted from Avalon Sexual Assault Centre resources.



FORTUNE TELLER INSTRUCTIONS

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Myths and facts were adapted from Avalon Sexual Assault Centre resources.

SEXUALLY TRANSMITTED INFECTIONS

This section contains activities aimed at exploring ways of reducing the transmission of STIs. In the past, the approach taken by many educators was to scare students. This approach has been shown to be ineffective, and may have unintended consequences including inducing shame about the body, increasing stigma and reducing the chances that students will seek the help of a trusted adult or doctor.

Therefore, the exercises in this guide aim to move away from this outdated structure. We encourage educators to think about how the material is taught and reduce stigma as much as possible. Remember to keep certain factual information in mind (1 in 7 Canadians has genital herpes, 80% of women will have HPV by age 50). STIs are incredibly common, and the stigma associated with having an STI can be more damaging than the disease itself.

However, it's also important to stress the effectiveness of barrier methods in preventing the most damaging STIs (especially HIV) and the importance of getting tested. Early diagnosis is important so that patients can avoid the long-term consequences associated with having an untested STI.

1. UNDERSTANDING RISK + MAKING CHOICES

This activity helps meet the following learning outcomes:

Grade 7:

- Distinguish between positive and negative peer influence and acquire skills for resisting/asserting oneself in negative peer influence

Grade 9:

- Identify and describe reproductive and sexual health concerns of youth and apply communication and interpersonal skills to discuss reproductive and sexual health issues

Grade 9:

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling

Goals:

- Explore the concept of risk management

Have students brainstorm and answer these questions:

1. How are STIs passed between people?
2. What makes sex risky?
3. How can we make sex less risky?

Once answers are created, discuss with the class.

Next, have students create three lists

1. Activities that are very low risk for transmission of STIs
2. Activities that have a moderate risk for transmission of STIs
3. Activities that have a high risk for transmission of STIs

Explain to the class that all activities in life have some amount of risk attached to them (i.e. hockey can have a high risk for head injuries), but that we often choose to engage in them despite this, and we mediate our risk by taking precautions.

Next, ask student to answer “what is sex?”. You could ask them to look at all the sexual activities they listed and discuss which are and which aren’t sex to them.

After they have done this explain that:

1. Society’s definition of sex is very narrow (penile-vaginal sex) and it leaves out many people including some people who don’t have sex like that.
2. Many sexual activities (oral or manual sex) can be just as intimate as penetrative sex, but have much less risk associated with them.

3. There are ways of making risky sex less risky including using barrier methods, ensuring that you use adequate lubrication, being informed and using birth control.

At the end of the lesson restate that students should be able to choose if, when and how they engage in sexual activities without coercion, pressure or violence. This also means that they have the right to learn about and understand the risks and rewards associated with a sexual activity before engaging in it.

RISK AND SEXUAL ACTIVITY

What makes sexual activity risky? In general, when we say a sexual activity is risky we mean that doing it can pass a sexually transmitted or blood borne infection or that you could become pregnant. Infections can be passed through skin to skin contact (i.e. HPV or Herpes) or by passing blood or semen from one person to the other (i.e. HIV). Pregnancy requires that semen comes into contact with a vagina. Therefore, there is risk when one of these things happens. Because different infections have different risk factors, this list is only a guide.

High Risk

Unprotected anal sex

Unprotected vaginal sex

Sharing sex toys that have not been properly sterilized.

Tattooing and piercing is potentially high risk, so it's important to go to a reputable tattooist or piercer and to ask about their sterilization practices.

Medium Risk

Vaginal intercourse with a condom and lubricant

Anal intercourse with a condom and lubricant

Oral sex (for transmission of other STIs)

Low Risk

Touching with clothing on

Oral sex (for transmission of HIV)

Manual sex (fingering or handjobs)

No real risk

Holding hands

Kissing

Massaging

Watching porn

Taking a bath

Masturbating

Phone or cybersex

2. HIV/AIDS

This activity helps meet the following learning outcomes:

Grade 8:

- Examine methods for contraception and the prevention of sexually transmitted infections, recognizing that most birth control methods do not protect against sexually transmitted diseases

Grade 9:

- Analyse why factors that determine a person's health are not evenly distributed in the population

Recruit 5 volunteers from the class. Label each volunteer:

- HIV
- Healthy body
- Immune system – 2 people
- Pneumonia

Position the 'healthy body' in the middle. Place the two 'immune systems' in front of the healthy body. Explain that a healthy body that is free of HIV and AIDS has a strong immune system that protects it from disease. Instruct 'pneumonia' to try and get to the 'healthy body' and ask the 'immune system' to fight it off. Explain that HIV is a much stronger virus than pneumonia and that when it comes along, the immune system is not as capable of fighting it off. Instruct 'HIV' to try and reach the 'healthy body'. Instruct one of the 'immune system's students to fall to the side, leaving 1 'immune system' and 'HIV' standing together in front of the 'healthy body'. Explain that now the healthy body has a compromised immune system or an immunodeficiency – this body is now HIV positive. Explain that the body can remain healthy and HIV positive for quite a long time, however, over time, HIV works to further compromise the immune system. Instruct 'HIV' to begin poking at the 'immune system'. Explain that in this weakened state, the immune system is no longer strong enough to fight off opportunistic diseases like pneumonia. Instruct 'pneumonia' to once again approach the 'healthy body'. Instruct 'HIV' to push the rest of the 'immune system' out of the way and have 'pneumonia' take its place. Explain that this body no longer has a healthy immune system and once someone who is HIV positive reaches this stage of immunodeficiency, they now have AIDS.

This next part of the game is set up like "speed dating".

Have students sit side by side in pairs. One student of each of the pairs is given a True or False card (from the kit- template on USB). Students with the question read the question to the other student and discuss it. Once the student guesses their answer, the student with the card reads out the answer. Every 15 seconds or so, the teacher rings the bell and the other side of students slides down the row of desks to the next question.

When the first half of the students have completed the questions, have the students switch positions of the two halves and play again.

Ask students: (Use CATIE reference sheets, which are on the USB, for your information)

1. Which facts about HIV surprised you?
2. How do you get HIV?
3. What sorts of activities put you at high risk for contracting HIV? Why?
4. How can you protect yourself?

5. How do you get tested? Where can you get tested in Lunenburg or Queen's Counties?

3. STI RESEARCH PROJECT

This activity helps meet the following learning outcomes:

Grade 8:

- Examine methods for contraception and the prevention of sexually transmitted infections, recognizing that most birth control methods do not protect against sexually transmitted diseases

Goals:

- Learn about STIs, how they are transmitted and how to reduce risk of contracting an illness.

Divide students into groups. Have them research and prepare a presentation on an STI.

The presentation should include the following:

1. Describe the infection/disease. (Is it a virus, bacteria, parasite?)
2. How is it spread?
3. Describe some symptoms, for all genders.
4. What are some long-term consequences of this STI going untreated?
5. How do you test for infection? Where would you call in Lunenburg County to get tested?
6. What activities are at high risk for spreading? Low risk? No risk?
7. How do you prevent getting this STI?

You can use some or all of the following STIs:

- Genital Herpes
- Chlamydia
- Human Papilloma Virus (HPV)
- Gonorrhea (the clap)
- Human Immunodeficiency Virus (HIV)
- Syphilis
- Hepatitis B
- Trichomoniasis
- Pubic Lice (Crabs)
- Scabies (Mites)
- Yeast Infection (not exactly an STI, but can be spread via sexual contact)

Resources for Teacher:

The ringed flipbook "Understanding Sexually Transmitted Infections" from Sexualityandu.ca can be found in your kit.

PREGNANCY PREVENTION AND OPTIONS

The following section contains information on pregnancy prevention and the options available to students should they become pregnant. The focus of this section is on recognizing the signs of pregnancy as soon as possible and helping students access care. Many of the activities also include discussion of barriers to access to care that many Nova Scotians face, with the intent of impressing the importance of seeking help as soon as possible on students.

1. SIGNS OF PREGNANCY

This activity helps meet the following learning outcomes:

Grade 8:

- Recognize the signs of pregnancy and the importance of prenatal care

Goals:

- Recognize the signs of pregnancy and that the only truly reliable indicator of pregnancy is to be tested.

Pregnancy varies from woman to woman and from birth to birth. A woman's second pregnancy may be very different from her first. Likewise, her pregnancy may be very different from her friend's. However, there are some common symptoms and signs of pregnancy. Which of these may be signs of pregnancy?

Hold up signs and read them to the class. Have the students respond vocally to which are signs of pregnancy and which ones are not. Read the additional information available on the back of cards to the class.

Resources for Teachers:

We have provided a set of Signs of Pregnancy in the kit. We have also provided the template on USB in case you need to make another set.

2. BECOMING A TEEN PARENT

This activity helps meet the following learning outcomes:

Grade 8:

- Evaluate options related to unintended pregnancy and explore the challenges related to each of these options, including the challenges of teen parenting

Grade 9:

- Recognize the signs of pregnancy and the importance of prenatal care

Goals:

- Familiarize students with the many short and long term considerations of pregnancy, and child rearing
- Familiarize students with the financial considerations of raising a child
- Familiarize students with the resources and supports for teenaged parents in their area.

This activity involves several components and may take place over several classes.

As a homework assignment, have students keep a journal of their activities for one day. Have them answer the following questions in their journal:

1. What time did you wake up?
2. What time did you go to sleep?
3. What did you eat and when?
4. How much time did you spend with friends?
5. What activities did you participate in? How much time did you spend doing each activity?
6. Were you tired during the day? If so, were you able to nap?
7. When did you do your homework?

The next day, share with students the following information about pregnancy. Hold a class discussion about pregnancy it's impacts it has on on health, social wellbeing, psychological wellbeing, and finances. You may want to start by sharing these facts:

1. Pregnant people must eat a balanced and healthful diet.
2. Pregnant people tire more easily, and often need to take frequent naps during the day.
3. Moderate exercise is an essential part of a healthy pregnancy.
4. Many pregnant people experience morning sickness, or nausea and vomiting, and a diminished appetite.
5. It is crucial for pregnant people to visit their obstetrician regularly throughout their pregnancy to ensure adequate prenatal care.
6. Even healthy pregnancies can include other physical discomforts such as constipation, mood swings, anxiety, swelling, and so on.
7. Pregnancy can cause a woman to have to limit or avoid certain activities such as participating in certain sports, consuming alcohol or drugs, smoking, and so on.
8. Raising a child can cost between \$10,000 and \$15,000 per year.

9. Teenage mothers are far less likely to finish high school or university (Stats Canada,2008)
10. Teenaged motherhood has been shown to have long term negative effects on a person's socio-economic standing. (Stats Canada, 2008)
11. In 2004 14,075 babies were born to teenaged mothers (4.2% of all babies born in that year). This is far lower than in the USA, which has long had the highest rates of teen pregnancy in the developing world. However it is still almost 7 times higher than Sweden, which has the lowest rates of teen pregnancy (Stats Canada, 2008)

Ask students to consider how being pregnant (or their partner being pregnant) would affect their daily routines.

Ask them to take about 10 minutes to highlight the activities in a typical day that would change if they were pregnant or had a young child to care for. Ask them to share their thoughts with the class.

Ask students to consider how they would have to take care of themselves during a pregnancy. For example, what is necessary for a healthy pregnancy? (Examples: good medical care, including routine examinations; a well-balanced diet; plenty of sleep; regular moderate exercise; sufficient vitamins; avoidance of certain over-the-counter drugs, alcoholic beverages, cigarette smoke, and illicit drugs.)

Ask students what they would have to do to take care of themselves and their baby after birth. Are they aware of the number of doctor visits a newborn babies requires? Do they know about inoculations children need? Do they know what to feed a baby and how often? Are they prepared to become positive role models for their child? Ask students to name any issues they will have to learn about to care for a baby.

Ask students to consider the long term challenges of raising a child:

1. How would having a child affect their education?
2. How would taking time away from school or work affect their hireability in the future?
3. What costs do parents have to consider? How much do cribs, chairs, car seats etc cost?
4. How much do parents spend on diapers and food for their babies?
5. What other financial considerations are there?
6. How might having a child affect their long term plans and goals?
7. Optional activity: Look at <http://www.babycenter.com/baby-cost-calculator> and get students to calculate the cost of items, get them to look up costs online or in person of items.
8. How would having a child affect your relationship with your partner? What does your partner think about it?

Ask students to do research on the supports available for teen parents.. They may find home-visiting programs, education or job skills programs, homes for teen parents and their children, special child care programs, and programs for young fathers.

Conclude the lesson by asking students whether their ideas about teen pregnancy have changed as a result of working on this lesson. What are some ways of preventing unwanted pregnancy? Do they feel prepared to deal with a pregnancy.

This activity was adapted from the lesson "Teen Pregnancy" in Discovery Education's lesson plan library. <http://www.discoveryeducation.com/teachers/free-lesson-plans/teen-pregnancy.cfm>.

Resources for Teachers: Information on teen parents in Canada can be found at <http://www.statcan.gc.ca/pub/75-001-x/2008105/article/10577-eng.htm#a3>

3. Choice Research

This activity helps meet the following learning outcomes:

Grade 8:

- Evaluate options related to unintended teen pregnancy and explore the challenges related to each of these options, including the challenges of teen parenting.

Goals:

- Explore the options related to pregnancy
- Explore the services and resources available in your area

Get the class to research contacts for information on

1. Process for getting an abortion in Nova Scotia,
2. Process for becoming a teen parent in Nova Scotia
3. Process for adopting a child in Nova Scotia.

Give out handout: Pregnancy Options and have students fill it out.

Resources for Teachers:

Canadians for Choice

<http://canadiansforchoice.ca/Access%20at%20a%20Glance%20-%20Abortion%20Services%20in%20Canada.pdf>

Abortion Rights Coalition of Canada

<http://www.arcc-cdac.ca/home.html>

THINKING IT THROUGH: PREGNANCY OPTIONS

What are some things you think are important to have in place or have done before you have children?

What are some difficult things about having children?

What are some positive things about having children?

If you decide to have kids what are some things you'll need to prepare for before and during pregnancy?

If you decide to not have kids what are some things you'll need to prepare for to ensure that you don't have children?

What are the options that exist if you or your partner become pregnant accidentally?

How do you feel about each of these options? Are you comfortable with any of them? Are they realistic for you?

Who could you talk to before you made a decision?

3. CONTRACEPTION PROJECT

This activity helps meet the following learning outcomes:

Grade 8:

- Examine methods for contraception and the prevention of sexually transmitted infections, recognizing that most birth control methods do not protect against sexually transmitted diseases

Goals:

- Familiarize students with the many forms of contraception and explore the positives and negative attributes of each.
- Increase understanding of the biology and physiology behind pregnancy.

Similar to the STI Project, divide students into groups to research and present on different methods of contraception. Have them answer the following questions. Make sure they research Nova Scotia-specific, as the US and the rest of Canada may have different rules for distribution.

1. How does this method of birth control work?
2. What other names might it go by? (Including the brand names)
3. How effective is it if used perfectly, and how effective is it with typical use?
4. How often do you have to use it?
5. How do you get it (encourage them to call a pharmacy or doctor's office to ask)?
6. How expensive is it?
7. What sort of stigmas might a person your age encounter when trying to get it?
8. What are the attitudes of service providers when you try to access it?
9. Is it recommended for people of all ages?
10. What are some possible side effects (positive and negative)?

You can use the following, or others.

1. External condom (for a penis)
2. Internal condom (for a vagina)
3. Intrauterine System (IUS) or Device (IUD)
4. Injectable Contraceptive
5. Combined oral contraceptives
6. Progestin-only oral contraceptives
7. Transdermal contraceptive patch
8. Vaginal contraceptive ring
9. Sponge and spermicides
10. Natural methods: symptom-thermal control and Calendar methods
11. Natural Methods: Withdrawal
12. Natural Methods: Abstinence
13. Sterilization (vasectomy)

14. Sterilization (tubal ligation)
15. Emergency contraception
16. Diaphragm and cervical cap, sponge and spermicides(optional, uncommon)

Resources for Teachers:

The coiled book "Choosing a Contraceptive that's right for U" from sexualityandu.ca contains up to date information about many forms of birth control.

4. CONDOM GAME + NEGOTIATION

This activity helps meet the following learning outcomes:

Grade 8:

- Identify healthy and unhealthy relationships and demonstrate assertiveness skills to communicate thoughts and feelings within primary relationships
- Examine methods for contraception and the prevention of sexually transmitted infections, recognizing that most birth control methods do not protect against sexually transmitted diseases

Grade 9:

- Identify and practice negotiation, assertiveness, and refusal skills, related to sexual activity, alcohol, tobacco, and gambling

Goals:

- Learn about the correct way to use a condom and the consequences of improper use.
- Explore some common complaints about condoms, and address and negotiate around these concerns.

Use red condom cards found in kit. Have students in groups scramble up cards and put them in order for putting on a male condom. Correct order and card template found on USB.

Remind students that even though consent is a “step”, at any time, a person can stop consenting and this communication MUST be respected by the partner. If not, it is sexual assault.

Use wooden penises to show the whole process. Invite students to take turns practising the process.

The next part of this activity involves answering the question “**Why don’t people use condoms?**”. Break students up into groups of 4 or 5 and give each group a couple “condom negotiation cards”. Have students act out a scenario where one person has a complaint, and the other addresses it with facts and negotiation.

Condom Negotiation Cards:

- **They are expensive:** Condoms are provided for free from the guidance counselor and at the Sexual Health Centre in Bridgewater.
- **They don’t feel as good/they reduce the sensation:** This may be true for some people, but you can use ribbed condoms for more pleasure, or thin condoms to feel your partner better, and more lubricant to help reduce friction. The cards say lube only on the outside but you can put a small amount of lubricant on the inside of the condom as well. Also, many people can’t enjoy sex very much unless they feel comfortable, and a lot of that comfort can come from knowing you are protected from STIs, as well as from unintended pregnancy.
- **I am already on another form of birth control (like the pill):** Yes, the pill is very effective for preventing pregnancy, but does not offer any protection for transmission of STIs.

- **I can't keep my erection when I wear a condom:** Like most things, sex doesn't come naturally to most people! Practice makes perfect, including being able to keep an erection, which can sometimes be aggravated by being nervous. You can try putting on a condom when you are alone and practice masturbating with one on so you get used to the sensation. Being comfortable with your partner and being able to work through either partners' challenges is part of a healthy sex life.
- **Your partner has told you they're healthy:** Many STIs can be symptomless. You need to also take responsibility to not pass on any STIs to your partner. You can't be sure you are STI-free until you are tested.
- **I forgot:** It is not difficult to forget to have a condom with you, especially when you're under the influence of drugs or alcohol. Keep condoms in your bedside table, or in your wallet. Make sure wherever you store it is dry and not too warm.
- **They don't fit me:** If they don't fit you, you are buying the wrong kind! There are so many different sizes, and varieties of condoms. Condoms are very stretchy so the standard size fits most people.

CONDOM NEGOTIATION GAME

BUT...

Condoms are too expensive, so we shouldn't use them!

BUT...

I don't have any STIs and we're monogamous. So I don't see why we should use condoms.

BUT...

I think that condoms make sex less fun and I can't feel as much.

BUT...

I can just pull-out! We don't actually have to use condoms!

BUT...

No condoms fit me! I can't use them even if I wanted to!

BUT...

I never remember to bring condoms. It's a pain to have to remember every time.

BUT...

Condoms always break so I don't see the point of using them.

BUT...

I can't maintain an erection when I'm wearing a condom, so I think we shouldn't use them.

5. REPRODUCTIVE HEALTH ISSUES QUESTION AND ANSWER

This activity helps meet the following learning outcomes:

Grade 7:

- Investigate the concept of sexual health

Grade 9:

- Identify and describe reproductive and sexual health concerns of youth and apply communication and interpersonal skills to discuss reproductive and sexual health issues

Goals:

- Learn interactively about sexual health and reproductive health

Distribute Question and Answer cards (one of either to each student)- in kit or template on USB. Give students 5 minutes to walk around the room and find the answer that matches their question, or vice versa.

When the pair thinks they have found each other, they can sit down. Once everyone is sitting down, have students read out their question and answers and the group can either affirm or contest their answer. If they contest, whoever thinks they have the better match can stand up and read their answers.

After each question, elaborate a little bit more on the answer.

After the activity is complete, ask students if there are more questions or if they would like you to follow up with any concerns or questions.

GLOSSARY

This glossary is meant to provide teachers and students with a basic understanding of certain key terms. Please note that many of these terms are part of a deep and varied culture and meanings may shift and change over time and between groups. We recommend doing your own research about each term.

A note on “right” and “wrong” terms: Which terms we choose to use for ourselves is our decision. We use terms we identify with and are comfortable using for ourselves. It’s never okay to question someone else’s sexual or gender identity, or apply words to them that they don’t use, their identity is theirs to decide and dictate.

Ally

A person who regardless of their sexual orientation or gender identity acts and speaks out to protect the safety, and human, and civil rights of LGBTQ people, racialized people, dis/abled people, etc⁶.

Asexual

“Someone who has not experienced or does not experience sexual attraction to others or does not have a desire to be sexual with partners. In other words, someone who is not sexually attracted to anyone of any gender⁷”. People who identify as asexual may still have intimate relationships.

Bisexual (Bi)

A person who is emotionally, physically, and/or sexually attracted to more than one gender⁸.

Cisgender (Cis)

When a person feels that the sex they were assigned at birth and their gender match⁹, in other words “cis” means “not trans”. We use the word cis rather than “normal” to acknowledge that being trans is a normal identity. Example: a person who was assigned female at birth because she has a vagina and sees herself as a woman is a cis woman.

Cissexism

Cissexism is prejudice and discrimination against people who are not cis¹⁰. It is the systemic and institutionalized ways in which the cis experience is prioritized and made dominant over all others. For example, buildings are often still constructed with only gender segregated bathrooms (only male/female). This serves the needs of most cis people but not of most trans* people and often places trans* people at risk of violence.

Cyberbullying

The Cyber-safety Act in Nova Scotia defines cyberbullying as “any electronic communication through the use of technology including, without limiting the generality of the foregoing, computers, other

⁶ University of Michigan. *LGBT Terms and Definitions*. <http://internationalspectrum.umich.edu/life/definitions>. Accessed January 4, 2014.

⁷ Scarleteen. The Rainbow Connection: *Orientation for Everyone*. (2013). http://www.scarleteen.com/article/boyfriend/the_rainbow_connection_orientation_for_everyone. Accessed January 4, 2014.

⁸ Ibid.

⁹ Trans Pride Canada. *Media Reference Guide: Best Practices*. (2012). <http://transpride.ca/trans-media-reference.htm>. Accessed January 4, 2014.

¹⁰ Anger is Justified. Definitions! Cissexism and binarism! (2010) <http://angerisjustified.wordpress.com/2010/12/27/definitions-cissexism-and-binarism-for-google/>. Accessed January 4, 2014.

electronic devices, social networks, text messaging, instant messaging, websites and electronic mail, typically repeated or with continuing effect, that is intended or ought reasonably be expected to cause fear, intimidation, humiliation, distress or other damage or harm to another person's health, emotional wellbeing, self-esteem or reputation, and includes assisting or encouraging such communication in any way¹¹."

Gender

The feeling of whether you are male, female, trans* or something else entirely. This is a different concept than a person's biological status (male, female, intersex according to body parts) and the two may not always line up. For example, while a person may have a penis and have been labeled male at birth, they may not feel male, and may identify as female, genderqueer, agender or something else.

Some resources that go into more detail:

The Gender Bread Person

<http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/>

Let's Talk About Sexuality and Gender

http://issuu.com/carlysoos/docs/lets_talk_about_sexuality_and_gender/1

Gender binary

Thinking that gender can only be male or female with no other possibilities¹². The cultural system that says that gender can only be either male or female.

Gender Conforming

A person who conforms to societies expectations of gender expressions based on the gender binary ¹³

Gender expression

A person's way of communicating gender identity to others¹⁴.

Gender Fluid

A person whose gender identification and presentation shifts.

Gender Identity

Your own feelings of being male, female, both, or neither¹⁵. These may be fluid and fluctuate for some people throughout their lives.

Genderqueer

A person whose gender identity is neither man nor woman, is between or beyond genders, or is some combination of genders. This identity is usually related to or in reaction to the social construction of

11 CyberSCAN Nova Scotia. <http://cyberscan.novascotia.ca/>

12 Houdini, E. (2011). A Really Awesome Trans Glossary. Retrieved from <http://erinhoudini.com/transgender-glossary.html>

13 University of California at Berkely Gender Equity Resource Centre. Definition of terms. http://geneg.berkeley.edu/lgbt_resources_definiton_of_terms. Accessed January 4 2014.

14 University of Michigan. LGBT Terms and Definitions. <http://internationalspectrum.umich.edu/life/definitions>. Accessed January 4, 2014.

15 Gay and Lesbian Alliance against Defamation (GLAAD). Media Reference Guide. (2010). <http://glaad.org/reference/transgender>. Accessed January 4, 2014.

gender, gender stereotypes and the gender binary system. Some genderqueer people identify under the transgender umbrella while others do not¹⁶.

Gender variant

A synonym for "gender diverse" and "gender non-conforming". The former terms may be preferred over "gender variant" because variance implies a standard normativity of gender¹⁷.

Harm reduction

The strategy used in these lesson plans is taken from a harm reduction standpoint. In this approach we want to empower students to make their own decisions and learn to protect themselves by giving them quality information needed to make decisions, take into account the intersections of oppression and reduce stigma so that people can seek help if needed. Programs based on harm reduction have been found to decrease risky sexual behaviour and prevent sexually transmitted diseases¹⁸. Harm reduction involves a range of support services and strategies to enhance the knowledge, skills, resources, and supports for individuals, families and communities to be safer and healthier¹⁹.

Heterosexism

"The belief, attitude and bias that heterosexuality is the norm and the only valid form of sexual orientation. It can manifest as prejudice against non-heterosexual identities or behaviours and the assumption that everyone is heterosexual. Heterosexism can be explicit, such as the restriction of blood donations from men who have had sex with men, or implicit through erasure and underrepresentation such as the absence of diverse sexual orientations in school curricula.²⁰"

Heterosexual

A person who is attracted to people of the opposite sex.

Homosexual (Lesbian, Gay)

Gay means a person who is homosexual (attracted to people of the same sex as theirs). People of all genders can use the word gay. Sometimes women who are attracted to women will use the word lesbian as well.

Hypersexualization

Hypersexualization is becoming a bit of a buzzword, and is often used for many different things. However, there's some important definitions. Hypersexualization is the application of sexual meaning that someone doesn't or can't understand on to them (i.e. marketing lingerie to toddlers and young children). The exoticization and romanticization of the "other" in ableist, transphobic, homophobic, racist and classist ways (i.e. the voracious black woman, a stereotype that supports racists ideas about black female sexuality). The prioritization of sexiness over all other characteristics for young women (i.e. selling stupid as sexy). The sectioning off of body part for visual consumption apart from the whole body or person. (i.e. ads that depict only breasts or bums to sell something unrelated).

16 University of California at Berkeley Gender Equity Resource Centre. Definition of terms. http://geneq.berkeley.edu/lgbt_resources_definition_of_terms. Accessed January 4 2014.

17 Ibid.

18 Canadian Paediatric Society. Harm Reduction: An Approach to reducing risky behaviours in adolescents. <http://www.cps.ca/documents/position/harm-reduction-risky-health-behaviours>. Accessed January 4, 2014.

19 BC Harm Reduction Strategies and Services. Harm Reduction Training Manual: A manual for frontline staff involved with harm reduction strategies and services. (2011) <http://www.bccdc.ca/NR/rdonlyres/C8829750-9DEC-4AE9-8D00-84DCD0DF0716/0/CompleteHRTRAININGMANUALJanuary282011.pdf>. Accessed January 4, 2014.

20 Canadian Federation of Students Ontario. Terms, Concepts, & Understanding Inclusivity. <http://cfsontario.ca/en/section/199>. Accessed January 4, 2014

Institutional and Systemic Oppression

"Arrangement of a society used to benefit one group at the expense of another through the use of language, media education, religion, economics, etc.²¹" More precisely, "Discrimination at the systemic or institutional level refers to the presence of homophobia, transphobia or other forms of oppression in an organization's or government's policies, practices, procedures and "normal ways of doing things." These policies and practices may directly or indirectly, consciously or unwittingly, promote, sustain, or entrench disproportionate advantages for some people and disadvantages for others. For example, laws regarding marriage exclude same-sex couples in many jurisdictions around the world.²²"

Intersectionality

A way of looking at issues that takes into account the way many forms of oppression intersect with one another. It puts forth that things like racism, sexism, cissexism, classism, ableism do not act independently of one another, but together to form systems of oppression. From an education standpoint, it's important for teachers to take these forces into account when planning lessons for their class.

Intersex

Western society has typically made a very clear social distinction between people who are classified as male or female. However, in terms of biology, there are some people whose genitals and/or reproductive organs are ambiguous or don't seem to fit the typical medical definition of male or female. "For example, a girl may be born with a large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia. Or a person may be born with mosaic genetics, so that some of her cells have XX chromosomes and some of them have XY²³". An intersex person will develop a gender identity that best reflects how they feel. Being intersex and being transgender is not the same thing.

LGBTQ/ GLBTQ/ LGBTQTQA

"These acronyms refer to Lesbian, Gay, Bisexual, Transgender, Queer, and Ally. Although all of the different identities within "LGBT" are often lumped together (and share sexism as a common root of oppression), there are specific needs and concerns related to each individual identity.²⁴"

Lifestyle

"Lifestyle" is most commonly used as a negative term used to suggest that any one orientation has a given way of living. For instance, when HIV/AIDS first surfaced, there was a *lot* of talk about how the "gay lifestyle" was responsible for the spread of the virus, based on a stereotypical view of gay male sexuality. In reality, lifestyle varies greatly between all people, regardless of gender, sex, orientation, etc. There is no one gay or queer lifestyle just like there is no one heterosexual lifestyle.

Masturbation

Self-stimulation of the sexual organs or other parts of the body for sexual pleasure. Masturbation done with a partner is sometimes called "mutual masturbation".

21 University of California at Berkeley Gender Equity Resource Centre. Definition of terms. http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms. Accessed January 4 2014.

22 Canadian Federation of Students Ontario. Terms, Concepts, & Understanding Inclusivity. <http://cfsontario.ca/en/section/199>. Accessed January 4, 2014

23 Intersex society of North America. What is Intersex? (2008). http://www.isna.org/faq/what_is_intersex. Accessed January 4, 2014.

24 University of Michigan. LGBT Terms and Definitions. <http://internationalspectrum.umich.edu/life/definitions>. Accessed January 4, 2014.

Privilege

"Privilege is a complex concept that manifests as systemic advantages and identity traits that are celebrated, preserved, given advantages and normalized by society. [...] It is the set of invisible tools that allow some people to inhabit a dominant position over others. Being non-racialized, able-bodied, male, cisgender, or wealthy are forms of privilege.²⁵"

Pronouns

The words we use to describe a person based on their gender. The three most common are he, she and they. "They" can be used for a single person and is grammatically correct, even if it feels awkward. Some people do not like any of these pronouns and use others. It is best to ask people which pronoun they prefer²⁶.

Queer

"Used as an umbrella identity term encompassing lesbian, questioning people, gay men, bisexuals, non-labeling people, transgender folks, and anyone else who does not strictly identify as heterosexual. or who rejects heteronormativity. "Queer" originated as a derogatory word. Currently, it is being reclaimed by some people and used as a statement of empowerment. Some people identify as "queer" to distance themselves from the rigid categorization of "straight" and "gay". Some transgender, lesbian, gay, questioning, non-labeling, and bisexual people, however, reject the use of this term due to its connotations of deviance and its tendency to gloss over and sometimes deny the differences between these groups ²⁷."

Sex (act)

In general north american culture puts forth a rather narrow definition of sex. Normally when people say "sex" they are referring to penile-vaginal penetration. However, sex can mean many different things. Oral, anal, manual and masturbatory sex can all be considered sex.

Sex (biological)

The biological classification that identifies people as a male or a female based on their body parts (e.g. penis, vagina, breasts, testes). Most often assigned at birth based on a visual inspection of the genitals²⁸. So, for example, when a person has a penis and testicles, we can say that his biological sex is male and when a person has a vagina and a uterus, we can say that her biological sex is female. Sex is not the same as gender and the two do not always match-up (i.e. a person with a penis may not identify as a man).

Some resources that go into more detail:

The Gender Bread Person

<http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/>

Let's Talk About Sexuality and Gender

http://issuu.com/carlysoos/docs/lets_talk_about_sexuality_and_gender/1

25 Canadian Federation of Students Ontario. *Terms, Concepts, & Understanding Inclusivity*. <http://cfsontario.ca/en/section/199>. Accessed January 4, 2014

26 Pride Health. *Capital Health Trans Health Guide*. (2013) <http://www.cdha.nshealth.ca/pridehealth/trans-health-guide>. Accessed January 4, 2014.

27 University of Michigan. *LGBT Terms and Definitions*. <http://internationalspectrum.umich.edu/life/definitions>. Accessed January 4, 2014.

28 Trans Pride Canada. *Media Style Guide*. (2012). <http://transpride.ca/trans-media-reference.htm>. Accessed January 4, 2014.

Sexual Assault (Rape, assault, harassment)

Any form of sexual activity that has been forced by one person upon another. Without consent, it is sexual assault. Sexual assault can happen between people of the same or opposite sex. It includes any unwanted act of a sexual nature such as kissing, fondling, oral sex, intercourse or other forms of penetration, either vaginal or anal²⁹.

Sexual Assault (drug assisted)

In drug-facilitated sexual assault, the perpetrator uses alcohol or other drugs as a method to decrease resistance from the person they are assaulting. Alcohol is the most prevalent drug used in drug assisted sexual assaults. Perpetrators may coerce or pressure people into drinking or may target people who have been drinking³⁰.

Sexual identity

“Sexual identity is an umbrella term which is used to sum up the general gist of a person's sexuality in terms of how they identify and present themselves. It may include sexual orientation, sexual politics, sexual interests; chosen or wanted relationship models, gender identity, sexual preferences, sexual history, the whole enchilada. Queer, dyke or straight are terms for sexual identity, as might be kinky, polyamorous, demisexual, femme, slut, top, boy, stone, radical, vanilla, tutti-frutti and so on.³¹”

Sexual Orientation

Enduring emotional, romantic, or sexual feelings to other people. Heterosexual (straight) individuals experience these feelings primarily for people of the opposite sex³². Homosexual (gay or lesbian) individuals experience these feelings primarily for people of the same sex. Bisexual (bi) individuals experience these feelings for people of both sexes.

Sexual Reassignment Surgery (SRS)

This refers to surgical alterations a trans person make undergo within their transition. SRS is only a part of transitioning, and some trans people will never seek SRS. Sexual Reassignment Surgery is the that should be use, as opposed to “sex change operation” which is outdated and offensive³³.

Stereotyping

“Stereotyping can be described as a process by which people use social categories such as sexual orientation, sex, gender, race, ethnic origin, ability, age, religion, or other factors in acquiring, processing and recalling information about others. Stereotyping typically involves attributing the same characteristics to all members of a social group, regardless of their individual differences. Is it often based on misconceptions, incomplete information and/or false generalizations.³⁴”

29 Avalon Sexual Assault Centre. *What is Sexual Assault?* (2013). <http://avaloncentre.ca/quicklinks/what-is-sexual-assault/>. Accessed January 4, 2014.

30 University of Western Ontario. *Drug Facilitated Sexual Assault*. http://www.health.uwo.ca/sexual_assault/drugs.html. Accessed January 4, 2014.

31 Scarleteen. *The Rainbow Connection: Orientation for Everyone*. (2013). http://www.scarleteen.com/article/boyfriend/the_rainbow_connection_orientation_for_everyone. Accessed January 4, 2014.

32 PFLAG Canada. *What does it all mean?* (2014) <http://community.pflag.org/page.aspx?pid=316>. Accessed January 4, 2013.

33 Gay and Lesbian Alliance against Defamation (GLAAD). *Media Reference Guide*. (2010). <http://glaad.org/reference/transgender>. Accessed January 4, 2014.

34 Canadian Federation of Students Ontario. *Terms, Concepts, & Understanding Inclusivity*. <http://cfsontario.ca/en/section/199>. Accessed January 4, 2014

Trans*

Trans* is an umbrella term that refers to all of the identities of people who do not feel that they are the gender they were assigned at birth within the gender identity spectrum. The asterisk is meant to include all non-cis gender identities including transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderfuck, genderless, agender, non-gendered, third gender, two-spirit, bigender, and trans man and trans woman³⁵.

Transgender

“Transgender people are those whose psychological self (“gender identity”) differs from the social expectations for the physical sex they were born with. For example, a female with a masculine gender identity or who identifies as a man. Transgender is not a sexual orientation and transgender people may have any sexual orientation³⁶”.

Transphobia

The fear and hatred of people who are trans* or genderqueer, or where people who are are discriminated against because of who they are. This might include name calling, or violence, or discrimination or harassment or bullying. Similarly homophobia refers to the hate and fear of homosexual people and, biphobia to the fear and hatred of bi people³⁷.

Transition

When you are changing from the gender you were labelled with at birth to your actual gender identity. For some, this means learning how to live in “the other” gender role. For others, this means finding what is most comfortable for them. Transition may or may not include hormone therapy or surgery. How, when and for how long you transition is specific to you³⁸.

Trauma

Trauma (or post traumatic stress) is the emotional “shock” and response to a terrible event like an accident, rape or natural disaster. Anything that makes our body panic can leave us traumatized. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea³⁹.

Trigger

A trauma trigger is an experience that triggers a traumatic memory in someone who has experienced trauma. A trigger is thus a troubling reminder of a traumatic event, although the trigger itself need not be frightening or traumatic. Smells, sounds, situations, language, environment, weather, a person, an action, a emotion, a movie, a song, etc. Because they can be hard to anticipate, it can be hard to avoid triggers. Knowing the signs of a triggered person is important⁴⁰.

35 It's Pronounced Metrosexual. *What Does the Asterisk in Trans* Stand For?* <http://itspronouncedmetrosexual.com/2012/05/what-does-the-asterisk-in-trans-stand-for/#sthash.NztZGkBM.dpuf>. Accessed January 4, 2014.

36 University of California at Berkely Gender Equity Resource Centre. *Definition of Terms*. http://geneg.berkeley.edu/lgbt_resources_definiton_of_terms. Accessed January 4 2014.

37 University of Michigan. *LGBT Terms and Definitions*. <http://internationalspectrum.umich.edu/life/definitions>. Accessed January 4, 2014.

38 Pride Health. *Capital Health Trans Health Guide*. (2013) <http://www.cdha.nshealth.ca/pridehealth/trans-health-guide>. Accessed January 4, 2014.

The Icarus Project. *First Aid For Emotional Trauma info sheet*. (2008). http://www.theicarusproject.net/files/trauma_first_aid_fact_sheet12-08.pdf. Accessed January 4, 2014.

40 The Icarus Project. *First Aid For Emotional Trauma info sheet*. (2008). http://www.theicarusproject.net/files/trauma_first_aid_fact_sheet12-08.pdf. Accessed January 4, 2014.

Two Spirit

Two spirit refers to aboriginal people who aren't either male or female, but who have both a male and female spirit. Being two spirit was considered to be a gift before colonization and two spirit people were respected as gifted.⁴¹

⁴¹ First Nations Centre des Premières Nations. *Sexual Health Toolkit Part 2*. (2011) http://www.naho.ca/documents/fnc/english/2011_Sexual_Health_sexuality_relationships.pdf. page 20. Accessed January 4, 2014.

RESOURCE GUIDE

This resource guide provides information about services and organizations available in Lunenburg County. If anything is missing, or some of the information becomes out-of-date please let us know by emailing lunco.ns.sexualhealth@gmail.com

You can always dial 2-1-1 to access community and social services listings (TTY Available: 1-888-692-1382) or 8-1-1 to access non-emergency medical services.

Addiction Services	129
Mental Health Services	130
Medical services	131
Shelters and Housing	132
Abuse, Family Violence and Sexualized Violence	133
Services for Aboriginal People	134
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Addiction Services

Addiction Services Lunenburg

(902) 634-7325

<http://www.southshorehealth.ca/programs-and-services/addiction-mental-health/mental-health-home>

If you or someone you know has a problem with alcohol, drugs or gambling, we're here to help. You don't have to figure it out alone. We are experienced counselors who can help you work through any issue you are facing, offering practical guidance and advice, with compassion and the utmost confidentiality. Take the first step by finding out more today. Addiction Services is operated by the District Health Authority in your community.

Narcotics Anonymous

902 454 2913 (help line) or 902 789 8323

<http://www.centralnovaarea.ca>

Alcoholics Anonymous

(902) 461-1119

<http://www.aahalifax.org/>

Marguerite Centre:

902-876-0006

<http://www.themargueritecentre.com>

email: programmarguerite@eastlink.ca

The Marguerite Centre is the only facility of its kind in Nova Scotia for women recovering from addictions and abuse. It is a place where holistic therapies such as reiki, yoga, acupuncture, journal writing and healing circle are as prevalent as conventional therapies; a place where nature and spirituality hold an integral place in the journey. Located in the Halifax Regional Municipality, The Marguerite Centre is staffed 24 hours a day. Residents receive their own room, can live here for up to a year, and are empowered to create

their own path to healing and recovery. Counsellors work with residents to develop positive personal and family plans and goals.”

Mental Health Services

South Shore Mental Health Services

<http://www.southshorehealth.ca/programs-and-services/addiction-mental-health/mental-health-home>

(902) 527-5228

Canadian Mental Health Association Lunenburg County Branch

www.novascotia.cmha.ca

(902)543-7082

The Canadian Mental Health Association Nova Scotia [CMHA NS] Division is part of a nation-wide charitable organization that promotes the mental health of all and supports the resilience and recovery of people experiencing mental illness. CMHA NS Division's mission is to promote the mental health of all Nova Scotians, recognizing cultural diversity.

Liverpool Mental Health Clinic

354-2721

Bridgewater Mental Health Services

(902) 543-7082

The Schizophrenia Society of Nova Scotia, Lunenburg County Chapter

1-800-465-2601 (toll-free)

The Schizophrenia Society of Nova Scotia works to improve the quality of life for those affected by schizophrenia and psychosis through education, support programs, influencing public policy, and encouraging research.

Mental Health Mobile Crisis Team

902.429.8167 or 1.800.429.8167

Provides intervention and short-term crisis management for children, youth and adults experiencing a mental health crisis.

Healthy Minds Cooperative

902.404.3504

www.healthyminds.ca

A health care cooperative providing a variety of peer-based services to people living with mental illness and their families, including assistance with navigating the mental health system.

Mental Health Crisis Line

1-888-429-8167 (toll free)

Telephone crisis support and mobile response is offered for work, home, school, and community agencies Service is available 24 hours a day, 7 days a week.

Kids Help Phone

1-800-668-6868

Kids Help Phone is a free, anonymous and confidential phone and on-line professional counselling service for youth. Big or small concerns. 24/7. 365 days a year.

IWK Community Mental Health (for children)

464-4110

Three Community Mental Health and Addictions (CMHA) clinics, located in Halifax, Sackville and Dartmouth, help kids and teens up to 19 years of age, and their families, who are experiencing all types of mental health and addictions difficulties

Medical services

South Shore Regional Hospital

90 Glen Allan Drive

Bridgewater, Nova Scotia

B4V 3S6

543-4603

South Shore Regional Hospital Walk-in Clinic

Ambulatory Care Unit/third floor

90 Glen Allan Drive

Monday-Friday: 5-7:30 p.m.

Saturday, Sunday and holidays: 10 a.m.-12:30 p.m.

Tel: (902) 543-4603

811 Nova Scotia

Dial 8-1-1

811.novascotia.ca

Gives Nova Scotians access to non-emergency health information and services.

Fisherman's Memorial Hospital

14 High Street

Lunenburg, Nova Scotia

BOJ 2C0

634-8801

Halifax Sexual Health Centre

902.455.9656

6009 Quinpool Road, Suite 201, Halifax

Provides STI testing, counseling, abortion referrals, HIV testing, birth control prescriptions, IUD insertions, pap tests, prostate exams, referrals for pre-natal care and adoption services.

Finding a family Physician

<http://novascotia.ca/dhw/physicians/>

Midwifery Coalition of Nova Scotia |

<http://www.chebucto.ns.ca/health/Midwifery/index.htm>

The Midwifery Coalition is a consumer group. We are not midwives. For over 20 years, the Midwifery Coalition of Nova Scotia has been working to have midwifery

accepted as a regulated health profession. Our goal is for midwifery services to be available to all women in Nova Scotia, and have these services covered by health insurance.

Midwives

<http://novascotia.ca/dhw/primaryhealthcare/midwifery.asp>

Registered midwives provide community-based primary maternity care for healthy, low risk women and their newborns, in collaboration with physicians, nurses and other members of the interdisciplinary team. Midwifery services are currently offered in three sites in the province, including the South Shore.

Shelters and Housing

Transition House Association of Nova Scotia

902 429 7287

www.thans.ca

Provincial Coordinator: Pamela Harrison

coordinator@thans.ca

Our organizations "...provide a full range of support services to women and their children in a safe, supportive environment and... provide survivors of violence with opportunities to learn about available resources and alternatives to facilitate informed personal choices and decisions." THANS works from a feminist-based perspective that seeks to work collaboratively with other community organizations and the three levels of government, as allies, in addressing these barriers and eliminating violence against women.

Harbour House

Distress Lines: Local 543-3999

Toll Free: 1-888-543-3999

Email: edharbourhouse@ns.aliantzinc.ca

<http://www.thans.ca/Content/Harbour%20House>

A transition house for women and children who are facing violence.

Offers shelter and services in Lunenburg & Queens Counties

Empire House

902 527 1327

empirehouse@gov.ns.ca

A safe and supportive home for young adults between 16 and 21.

Western Regional Housing Authority, Bridgewater office

99 High Street

Bridgewater, NS B4V 1V8

Phone: (902) 543-8200

Toll Free: 1-888-845-7208

The five Housing Authorities in the province are responsible for the administration and management of the rental housing units. An application for rental housing can be obtained by contacting the Housing Authority in your area.

Inn From the Cold

902 543 2464

Open Arms provides oversight and coordination of seven local churches which function as emergency shelters for the Valley region (Windsor - Middleton) during the colder months. The goal of the "Inn From the Cold" program is to provide temporary shelter during the winter months (October - April). It enlists the support and participation of several churches in Central Kings to provide temporary shelter on a night to night rotating basis. Each church group covers one night per week to provide overnight shelter and breakfast for their guest(s). Shelters usually open at 10:00 PM and closes by 8:00 AM. Guests are brought to the shelter site each night between 10:00 PM and 11:30 PM by a Police / RCMP escort after the police have completed screening each guest.

The churches hosting Inn From The Cold include:

Christian Reformed Church, Kentville
Kings Presbyterian Church, New Minas
New Covenant Community Church, Cambridge
New Hope Wesleyan Church, North Alton
New Minas Baptist Church, New Minas
St. James Anglican Church, Kentville
St. Joseph's Roman Catholic Church, Kentville

Abuse, Family Violence and Sexualized Violence

National Clearinghouse on Family Violence

Toll-free 1-800-267-1291

The National Clearinghouse on Family Violence (NCFV) is a resource centre for information on the prevention of violence and abuse within the family.

Alternatives

Non profit organization that offers programming to respond to violence and trauma.

902 543 7444

alternatives.southshore@ns.aliantzinc.ca

<http://www.alternativesinstitute.com/>

Child protection Lunenburg County

(902) 543-4554

Child welfare services include child protection and supports for children in care, including foster care and adoption

Avalon Sexual Assault Centre

General phone line: 902 422 4240

24 hour help line: 902 425 0122

<http://www.avaloncentre.ca/>

1526 Dresden Row, Fourth Floor, Halifax NS B3J 3K3

Provides access to SANEs (Sexual Assault Nurse Examiners), low-cost group programming, trauma information, information for non-offending parents, free individual counselling, workshops for survivors, legal support and advocacy. Avalon's counselling services are only offered to women over 16 years of age (except the SANE program, which treats people of all genders and all ages).

Sexual Assault Nurse Examiner (SANE)

24 Hour SANE response line: 902 425 0122

Toll Free #1-877-880-SANE (7263)

A Sexual Assault Nurse Examiner is a Registered Nurse who has advanced training and education in forensic examinations of sexual assault victims. The SANE program is a partnership with the IWK Hospital for Women, Children and Families, the QEII Health Sciences Centre, and the Dartmouth General Hospital. On-call SANEs provide 24/7 emergency response, response to the emergency departments of the local hospitals, expert testimony in a court of law, supportive follow-up for victims and their families, and the storage of forensic evidence for up to 6 months. The SANE program is available in the HRM and the Guysborough, Antigonish and Strait area. The SANE program WILL NOT provide: transportation, medical services outside the hospital emergency departments, or medical treatment to anyone other than a victim of sexual violence.

Nova Scotia Domestic Violence Resource Centre:

<http://www.nsdomeesticviolence.ca/>

A site that contains information about what constitutes domestic abuse and violence, how to get help, how to help others, and how to address one's own abusive behaviours. It provides a list and map of organizations throughout Nova Scotia that may be able to help, with contact information for each organization. Run by the Nova Scotia Advisory Council on the Status of Women.

RCMP

Bridgewater – 14 Cooks Lane, Bridgewater, N.S., (902) 527-5555

Lunenburg – 88 Lilydale Road, Lunenburg, N.S., (902) 634-8674

Services for Aboriginal People

Mi'kmaq Family & Children's Services of NS

Eskasoni (902) 379-2433

Bear River (902) 467-3970

Private agency mandated by the Children and Family Services Act to investigate and assess all reports of suspected abuse and neglect of children under sixteen years of age and living on the Indian Reserves in Nova Scotia.

Mi'kmaq Legal Support Network

1-877-379-2042

The Mi'kmaq Legal Support Network (MLSN) exists as a justice support system for Aboriginal people who are involved in the criminal justice system in Nova Scotia.

Micmac Native Friendship Centre

Halifax - (902) 420-1576

The mission of the Mi'kmaq Native Friendship Centre is to provide structured, social-based programming for Urban Aboriginal People while serving as a focal point for the urban aboriginal community to gather for a variety of community functions and events.

Mi'kmaq Child Development Centre

Halifax - (902) 422-7850

Mi'kmaw Legal Support Network

1-877-379-2042

cmmns.com/Legal.php

The Mi'kmaw Legal Support Network (MLSN) is the umbrella operation from which culturally appropriate, justice related projects and programs are developed and implemented. The administration of MLSN is operated through The CMM with staff in Millbrook, Halifax and Eskasoni. MLSN services are available to all Aboriginal people residing in Nova Scotia.

Mi'kmaq Young Offender Project

(902) 379-2042

Native Alcohol and Drug Abuse Counselling Association of Nova Scotia

(902) 379-2262

Native Council of Nova Scotia

Truro - (902) 895-1523

The Native Council of Nova Scotia is the self-governing authority for the large community of Mi'kmaq/Aboriginal peoples residing off-reserve in Nova Scotia throughout traditional Mi'kmaq territory. Our goal is to operate and administer a strong and effective Aboriginal Peoples Representative Organization that serves, advocates and represents our community.

Welkaqanik Next Step Shelter

Truro - (902) 895-1738

A next step shelter for aboriginal women providing survivors of family violence a safe affordable shelter for a period of up to one (1) year.

Native Social Counselling Agency (Provincial)

(902) 895-1738

alucas@ncns.ca

NSCA assists off-reserve Aboriginal clients facing social problems and conditions, with confidential support referral services.

Nova Scotia Native Women's Association

(902) 893-7402

The Nova Scotia Native Women's Association aims to: Assist native women to contribute ideas and skills to the social, cultural and economic development of the Mi'kmaq society; Encourage the native women to assume a more positive and active role in their rightful place in society; Assist in the identification and stimulation of Mi'kmaq culture, including arts, crafts, cultural traditions, and all other aspects of the Mi'kmaq heritage; Work with all levels of government to improve social, educational and employment opportunities.

Family Healing Centre Services

Millbrook

Admin line: 902 893-8483

Crisis Line: 902 892 8483 or toll-free at 1-800-565-4741

Waycobah

Admin line: 902 756 3440

Crisis line: 756 3440 or 1 800 565 3440

Mi'kmaw Family Healing Centres delivers direct child welfare legislative and Family Violence Protection, Treatment and Prevention Services to all (13) Mi'kmaw First Nation Bands of Nova Scotia.

MFHC Board of Directors are the (13) Bands and a Representative from the Nova Scotia Native Women's Association.

Legal

Family Courts in Bridgewater
543-4679

NS Legal Aid Lunenburg County/South Shore

(902) 543-4658 or
toll-free at 1-866-543-4658

The Nova Scotia Legal Aid Commission delivers legal aid via a network of 16 community-based law offices as well as 3 sub-offices. The offices are staffed by salaried lawyers and, in certain situations, supplemented by lawyers in private practice on a fee-for-service basis.

Legal Information Society of Nova Scotia

(902) 454-2198

The Legal Information Society of Nova Scotia (or LISNS) is a charitable, not-for-profit organization. We have been providing Nova Scotians with easy to understand information and resources about the law for over 30 years.

Dial-A-Law (recorded services 24 hrs/day)

(902) 420-1888

We provide legal information on a pre-recorded message service 24 hours a day. Recordings are two to fifteen minutes in length. Topics include Family Law, Creditor & Debtor, Commercial, Personal Injury, Insurance, Criminal Law, Employment Law, Wills & Estates, Landlord/Tenant, Real Estate, and Small Claims Court.

Info line & Lawyer Referral Service

(902) 455-3135 or toll-free 1-800-665-9779

Family Law Nova Scotia

nsfamilylaw.ca

Call 902 424 5232 for information or 902 424 5616 to make an appointment with a Summary Advice Lawyer. The website offers information relating to the law, processes, and services that make up family law in Nova Scotia. This website will help you understand your family law issue and will provide the tools to allow you to navigate the options available to help solve your problem.

Mi'kmaw Legal Support Network

1-877-379-2042

cmmns.com/Legal.php

The Mi'kmaw Legal Support Network (MLSN) is the umbrella operation from which culturally appropriate, justice related projects and programs are developed and implemented. The administration of MLSN is operated through The CMM with staff in Millbrook, Halifax and Eskasoni. MLSN services are available to all Aboriginal people residing in Nova Scotia.

Residential Tenancies

<http://www.novascotia.ca/snsmr/access/land/residential-tenancies.asp>

The Residential Tenancies program helps landlords and tenants understand their rights, and exercise those rights when necessary. This site connects you with information you need. From this page, you can see and print legislation, forms, and information booklets. You can also find out how to reach us by phone, by mail, or in person with your questions or comments.

Ombudsman Office

Direct telephone line: 902-424-6780

Telephone toll-free within Nova Scotia: 1-800-670-1111

Disclosure of Wrongdoing Inquiries toll free within Nova Scotia: 1-877-670-1100

Youth Services toll-free within Nova Scotia: 1-888-839-6884

If you feel you have been treated unfairly by a provincial or municipal government body, or you have a complaint about a Nova Scotia government service The Nova Scotia Office of the Ombudsman may be able to help you.

Services for Immigrants and Refugees

Citizenship and Immigration Canada

1-888-242-2100, TTY 1-888-576-8502

The department screens and approves for admission, immigrants, foreign students, visitors and temporary workers who help Canada's social and economic growth, resettles, protects and provides a safe haven for refugees, helps newcomers adapt to Canadian society and become Canadian citizens, manages access to Canada to protect the security and health of Canadians and the integrity of Canadian laws and, helps Canadians and newcomers to participate fully in the economic, political, social and cultural life of the country.

Cultural Health Information and Interpreting Services

(902) 425-5532

Community health interpreters facilitate communication between health care providers and patients from different linguistic and cultural backgrounds. They are specially trained professionals who are competent in both colloquial and medical terminology, and understand the cultural values and health care practices in both cultures. Health care providers have 24-hour access to trained and certified community health interpreters within Nova Scotia through Community Health Information and Interpreting Service.

Halifax Refugee Clinic

(902) 422-6736

Our mandate is to provide legal representation for those claiming refugee status in Nova Scotia. To ensure that they are given a fair opportunity to present their cases before the Immigration and Refugee Board; and that throughout the process, their rights and their integrity are fully respected.

Immigrant Settlement & Integration Services (ISIS)

(902) 423-3607

We work with newcomers to help them build a future in Canada. We provide a wide range of services to immigrants, from refugee resettlement to professional programs, from family counselling to English in the Workplace.

LGBTQ

Egale Canada

1-888-204-7777

www.egale.ca

Egale's vision is of a Canada free of homophobia, biphobia, transphobia and all other forms of discrimination so that every person can achieve their full potential, unencumbered by hatred and bias. Our mission and values help pave the way for our vision to become reality.

Lesbian, Gay, Bi Sexual Youth Project

(902) 429-5429

<http://www.youthproject.ns.ca/>

The Youth Project is a non-profit charitable organization dedicated to providing support and services to youth, 25 and under, around issues of sexual orientation and gender identity. We have a provincial mandate so although we are located in HRM, we travel around the province to meet with youth in other communities.

Nova Scotia Rainbow Action Project

(902) 444-2306

<http://nsrap.ca/about>

NSRAP seeks to foster change in our communities and our society at large so that people of all sexual orientations and gender identities are valued and included. We will achieve this through community development, networking, outreach, education, and political action.

PFLAG Canada

1-888-530-6777

<http://www.pflagcanada.ca/en/index.html>

PFLAG Canada is Canada's only national organization that helps all Canadians with issues of sexual orientation, gender identity and gender expression. PFLAG Canada supports, educates and provides resources to all individuals with questions or concerns, 24 hours a day, 7 days a week.

Canadian Professional Association for Transgender Health

<http://www.cpath.ca/>

The Canadian Professional Association for Transgender Health (CPATH) is a professional organization devoted to the health care of individuals with gender variant identities. As an interdisciplinary, professional organization, the Canadian Professional Association for Transgender Health (CPATH) will further the understanding and health care of individuals with gender variant identities by professionals in medicine, psychology, law, social work, counselling, psychotherapy, family studies, sociology, anthropology, sexology, speech and voice therapy, and other related fields.

Canadian Rainbow Health Coalition

<http://www.rainbowhealth.ca/>

The Canadian Rainbow Health Coalition / Coalition santé arc-en-ciel Canada (CRHC / CSAC) is a national organization whose objective is to address the various health and wellness issues that people who have sexual and emotional relationships with people of the same gender, or a gender identity that does not conform to the identity assigned to them at birth, encounter.

Sexual Health and STI

Canadian Federation for Sexual Health

<http://www.cfsh.ca/>

The Canadian Federation for Sexual Health is a pro-choice, charitable organization dedicated to promoting sexual and reproductive health and rights in Canada and internationally.

AIDS Coalition of Nova Scotia

<http://acns.ns.ca/>

AIDS Coalition of Nova Scotia is an organization that promotes and supports the health and well-being of people living with and affected by HIV/AIDS. It aims to reduce the spread of HIV/AIDS in Nova Scotia.

Hepatitis Outreach Society of Nova Scotia

<http://www.hepns.ca/>

HepNS is a volunteer-driven charitable organization committed to community capacity and development, health promotion, public awareness, and implementation of social support networks throughout Nova Scotia for those living with, affected by, or at risk of developing Hepatitis.

IWK Health Centre: Women's Clinic

Halifax

(902) 470-8888

Canadian Women's Health Network

<http://www.cwhn.ca/>

The Canadian Women's Health Network (CWHN) was created in 1993 as a voluntary national organization to improve the health and lives of girls and women in Canada and the world by collecting, producing, distributing and sharing knowledge, ideas, education, information, resources, strategies and inspirations. We are a far-reaching web of researchers and activists, mothers, daughters, caregivers, and family members, people working in community clinics and on hospital floors, at the university, in provincial and federal health ministries, and in women's organizations, all dedicated to bettering women's health and equality.

Nova Scotia Association for Sexual Health (NSASH)

<http://www.nssexualhealth.ca/>

The Nova Scotia Association for Sexual Health is a non-profit organization dedicated to promoting healthy sexuality for all Nova Scotians across the lifespan in an environment that respects and supports choice. NSASH is the provincial voice of its members located throughout Nova Scotia. Member centres are listed below.

Cumberland County Sexual Health Centre

Amherst

(902) 667-7500

Lunenburg County Sexual Health Centre

Bridgewater

(902) 527-2868

Cape Breton Centre for Sexual Health
Sydney
(902) 539-5158

Halifax Sexual Health Centre
Halifax
(902) 455-9656

Pictou County Centre for Sexual Health
New Glasgow
(902) 695-3366

Sheet Harbour Sexual Health Centre
Sheet Harbour
(902) 885-2789

Yarmouth Centre for Sexual Health
Yarmouth
(902) 742-0085

Disability

Caregivers Nova Scotia
(902) 421-7390 or toll-free at 1-877-488-7390

Caregivers Nova Scotia provides programs, services, and strong advocacy for caregivers. With ongoing support from our board of directors, allied organizations, and caregivers themselves, we are dedicated to providing recognition and practical assistance to friends and family giving care.

Disabled Persons Commission: Halifax (provincial)
(902) 424-8280 or
toll-free at 1-800-565-8280

The Nova Scotia Disabled Persons Commission (DPC) gives people with disabilities living in Nova Scotia a way to participate in the provincial government policy-making process. The DPC advises policy-makers and program-developers about: the needs of people with disabilities and the issues and concerns that affect the lives of people with disabilities throughout the province

DisAbled Women's Network Canada
Toll-free at 1-866-396-0074

DAWN-RAFH Canada is a national organization controlled by and comprised of women who self-identify as Women with disAbilities. We are from all backgrounds and all disAbilities. We are a feminist organization working to achieve control over our lives and end the stereotype that labels us dependent burdens on society.

Nova Scotia League for Equal Opportunities
(902) 455-6942 or toll-free at 1-866-696-7536

We are a provincial consumer organization dedicated to promoting the abilities of persons with disabilities so they may function as equals in society. We provide information and referral services to

all Nova Scotians regarding disability issues and available programs and services. We also work with government and the community to ensure the issues faced by all persons with disabilities are heard and addressed by all levels of government and by our communities.

reachAbility

(902) 429-5878 or toll-free/TTY 1-866-429-5878

www.reachability.org

info@reachability.org

reachAbility provides accessible opportunities for people with disabilities. Their programs cover the key areas of education, employment, legal issues, and recreation.

Lunenburg/Queens Action Council for Persons with Disabilities

902-543-2479

215 Dominion Street, Bridgewater

The Lunenburg / Queens Action Council for People with Disabilities is a non-profit organization funded by Service Canada. Our mission is to enhance the employability of people with disabilities in Queens and Lunenburg counties by promoting access to training programs, increasing access to job supports, enhancing employer awareness of people with disabilities and promoting work and volunteer opportunities for people with disabilities.

Employment and career resources for people with disabilities

<http://careers.novascotia.ca/disabilities>

Links to various resources for people with disabilities.

Support Community Living Options/ La Have Manor

902-543-7851

Supports, encourages and challenges the growth and development of adults with special challenges, thereby enhancing their quality of life in the most independent environment.

The Ark

902-543-1189

Theark.dj@ns.sympatico.ca

Provides programs for adults with disabilities in an environment that fosters happiness through increased wellness and even more fully realized citizenship in the larger community.

First Steps Early Intervention Association Home Visit Program

902-531-3500

firststeps@eastlink.ca

The role of the early intervention program is to provide support, and information to families who have a child between birth and school age who has, or is at risk for, a disability or delay in one or more developmental area (such as motor movement skills, general learning, speech/language, social/emotional). This may include children who have a biological disorder such as down syndrome, autism, spina bifida, chromosome disorders, etc., or prenatal or perinatal difficulties such as lack of oxygen or brain damage, before, during or after birth. The Early Interventionist provides information and support to families within their home environment. The role of the parent as the primary teacher and advocate for their child is emphasized.

Assistive Technology Centre Society

http://assist-tech.ednet.ns.ca/Assistive_Technology_Centre/ATC_SSRSB.html

bwelsford@eastlink.ca

The main focus of our Society is to fund raise to enhance our Assistive Technology Centre Loan Library supporting children with disabilities in the Lunenburg and Queens County areas, Nova Scotia, Canada. We have recently also established a branch supporting the Halifax region of Nova Scotia.

Women's Centres

Tri-County Women's Centre

Digby: 9 Water st. 902 245 6866

Shelburn: 35 King st. 902 875 04777

Yarmouth: 12 Cumberland st. 902 742 0085

<http://www.tricountywomenscentre.org/index.html>

The Tri-County Women's Centre is a community based, feminist organization that understands both the need to offer direct services and programs, as well as to carry out community development and social advocacy as a means of achieving equality for women. The centre covers the three counties of Yarmouth, Shelburne, and Digby in the Southwest tip of Nova Scotia. We offer a high level of service that is used by individual women, youth and their families. It is also a place of referral for other community based, government and health agencies. The centre is a multi-issue entry point for women and adolescent girls.

Second Story Women's Centre

Lunenburg

(902) 543-1315

Second Story Women's Centre works to enhance women's lives by providing services and education designed to promote personal growth, community awareness, and social change. We work towards equality and respect within a women-centered environment and support women's rights to make their own decisions.

NS Advisory Council on the Status of Women

902 424-8662 or toll-free (800) 565-8662

<http://www.gov.ns.ca/staw/>

NSACSW was established in 1977. The NS Advisory Council on the Status of Women is committed to addressing cultural diversity and social inclusion, political participation, economic security, violence against women and women's health. Council news, updates, and short features on women's issues are sent out in our electronic news service called NewsBytes.

Emergency Help Lines

In case of emergency, you can call 911 for medical or police services

For non-emergency health information, you can call 811 to speak to a Registered Nurse. Additional information is available online at 811.novascotia.ca

Help Line

902-421-1188 (in Halifax) or 1-877-521-1188 (elsewhere in Nova Scotia)

TTY line 902-443-2660

This 24 hour crisis line provides supportive listening and crisis support, and can help you work through a range of issues (including relationships, mental health concerns, addictions, parenting support, and food/housing concerns).

Youth Help Line

902-420-8336

Available to young people anywhere in Nova Scotia Offers Peer Counselling nightly from 6:00 -10:00pm, when trained youth volunteers are available to help. Outside these hours, the line is open 24 hours for emergencies.

Kids Help Phone

1-800-668-6868

Free, anonymous, 24/7 support from professional counsellors, addressing all issues from school and relationship troubles to grief and suicide. Serves youth aged 20 and under. Online counselling and peer support is also available at kidshelpphone.ca.

Avalon 24-Hour Help Line

902-425-0122

If you have just experienced a sexual assault, you can call this number to speak to a Sexual Assault Nurse Examiner (SANE). This line also allows you to set up an immediate meeting with a SANE at the emergency room of the IWK, QEII, Dartmouth General Hospital, or Cobequid Community Health Centre for a medical and/or forensic exam. This service is available to people of all genders and all ages within 72 hours of experiencing sexual assault.

Sex Work

Stepping Stone

902 420 0103

<http://steppingstonens.ca>

Stepping Stone was founded in 1987 and is the only organization in the Maritimes that deals specifically with street life and sex work from a harm reduction model. Our offices and drop-in centre are located in a modest, non-residential house, where many of our staff members are former sex-workers. Our support is crucial to the well-being of hundreds of female, male and transgendered sex workers, and we do this in several key ways.

Family Resource Centres

Bridgewater Family Support Centre

(902) 543-1301

Queens Family Resource Centre

Liverpool

(902) 354-7176

New Ross Family Resource Centre

(902) 689-2414

Employment

Department of Community Services (Employment Support and Income Assistance)

(902) 543-5527

The Employment Support and Income Assistance (ESIA) program helps by giving you money for living costs, or providing other kinds of help, when you are unable to support yourself or your family. The ESIA Program is where you can turn when you have no other reasonable options.

Employment Solutions Society

Bridgewater Plaza, 215 Dominion St, Suite 210

(902) 543-2479

1-866-711-0411

Employment Solutions Society is a non-profit organization funded through the Canada-Nova Scotia Labour Market Development Agreement (LMDA) under the direction of Employment Nova Scotia and governed by a volunteer Board of Directors. Our mission is to enhance the employability of all unemployed or underemployed individuals, and to continue to provide specialized services for those who have a disability.

Chester Career Resource Centre

Route 3, 3794 North St

Chester, NS

(902)273-3344

The Chester Career Resource Centre is dedicated to providing the residents of the Municipality of Chester with the resources, knowledge, and assistance to find employment, start up a small business, or find a new career.

South Shore Opportunities

Queens County: 7 Henry Hensey Drive, Liverpool, NS

Lunenburg County: 373 King Street, Bridgewater, NS

(902) 354-2616 or toll-free 1-866-711-0411

South Shore opportunities provides practical, personal, hands-on assistance to individuals starting or expanding businesses and seeking career development in the local community. Provide clients with tools that will allow them to make an informed decision to move forward in their business or career idea. To offer access to small business capital in Queens and Lunenburg counties.

South Shore Work Activity Program

902 275-5585

info@sswap.ca

South Shore Work Activity Program provides programs to participants 18 years of age and older whose personal, physical or social challenges make it hard to find or maintain employment. Participants enroll in the program for up to 18 months and work closely with a counsellor to help them set personal and employment goals.

Youth Centres and Programs

King Street Youth Centre

416 King Street, Bridgewater
902 530-3392
Offers a variety of programming for youth.

Heartwood Centre for Community Youth Development

902-444-5885

home-place@heartwood.ns.ca

HeartWood Centre for Community Youth Development is a nationally recognized leader in the field of community youth development. Since 1988, HeartWood draws on years of experiences in youth development, organizational development, and community youth development research.

Big Brothers Big Sisters

902-543-4435

southshorebbbs@ns.sympatico.ca

As Canada's leading child and youth mentoring charity, Big Brothers Big Sisters facilitates life-changing relationships that inspire and empower children and youth to reach their potential, both as individuals and citizens.

Day Cares and Parent Support

Bridgewater Day Care Centre

902-543-7280

Bridgewater Daycare is a licensed, non-profit child care program daycare centre operating 12 months a year. It is located at 87a Hillcrest Street, Bridgewater. Our mandate is to provide families with high quality, affordable Early Childhood Education through a safe, caring, and challenging environment.

Lunenburg Day Care Centre

(902) 634-4789

The Lunenburg Day Care Centre is a non-profit licensed child care facility with professionally trained teachers who are dedicated to providing quality and educational care in a stimulating environment. Children are encouraged to make positive choices and to freely express their thoughts and ideas. Children are provided with the opportunity to enhance all aspects of their development including: social, emotional, health, language, fine and gross motor skills, cognitive and intellectual development. This is accomplished in a fun, positive and inclusive program with lots of time for play. We will strive each day to ensure your child is safe, happy and stimulated.

Wee Wisdom Nursery School

902-543-1400

Cookies and Crayons

(902) 543-2627

Small World Nursery

902-543-9840

YMCA Lunenburg County Childcare Centre

902-543-6399

Directory of Licensed Child Care Facilities

<https://nsbr-online-services.gov.ns.ca/DCSONline/ECDS/loadSearchPage.action>

A directory of child care facilities that are licensed by the province.

Education

GED/ Adult education Lunenburg County

<http://ssilc.ednet.ns.ca/forms/brochure.pdf>

Information on GED programs available on the South Shore.

NSCC Lunenburg County

902 543-4608

http://www.nsccl.ca/about_nsccl/index.asp

Public Access Sites (c@p)

<http://www.nscap.ca/find-a-cap-site/cap-sites-by-region/lunenburg-queens>

The Community Access Program, or CAP, began in 1995 as a national initiative to ensure all Canadians had access to the Internet. This has remained the central mission of CAP even as the Internet has become more widely available. Many citizens cannot access this vital communications network either due to cost, lack of access to high speed, or insufficient computer skills in an every changing technology landscape.

Food Banks

FEED NS hotline

1-877-521-1188

TTY: 1-855-443-2660

If you are facing a problem and don't know where to turn, contact our toll free Helpline.

Whatever you're dealing with – relationships, mental health concerns, addictions, parent support, food or housing concerns-- we'll provide supportive listening and help you work through it.

Bridgewater Interchurch Food Bank

150 Churchill Street

902 543 1915

Chester Food Bank

902 275 5304/ 902 275 4079

Lunenburg

902 634 4035

902 634 8423

New Germany Food Bank

902 644 2232

Pre and Post Natal Services

South Shore Community Midwives

Maren Dietze
902 527 5087/ 902 523 0365

South Shore Doula

Tara Jaskowiak
902 298 2463

LaLeche League

Breastfeeding support group
902 470 7029

Abortion

Queen Elizabeth II Health Sciences Centre, Termination of Pregnancy Unit

Halifax
902-473-7072

Halifax Sexual Health Centre

902.455.9656

<http://www.halifaxsexualhealth.ca/index.php?q=content/abortion-counselling-and-referrals>

6009 Quinpool Road, Suite 201, Halifax

Provides STI testing, counseling, abortion referrals, HIV testing, birth control prescriptions, IUD insertions, pap tests, prostate exams, referrals for pre-natal care and adoption services.

Morgentaler Clinic (Fredericton NB)

554 Brunswick Street

Fredericton, NB

Hours: 9am - 4pm Monday through Friday

Telephone: (506) 451-9060

Fax: (506) 451-9062

Email: nbclinic@nb.aibn.com

The Morgentaler Clinics have been setting the standard for excellent abortion care services in Canada for over 35 years. We are the abortion care service leaders, delivering exceptional patient care using advanced medical techniques, superior technology, and progressive and personalized counselling.

Payment in full is required at the time of your abortion. Payments can be made by cash, certified cheque, or money order. We do not accept debit or credit cards at this time.

Fees are as follows:

6 - <14 weeks: \$700

14- <16 weeks: \$850

Abortion Rights Coalition of Canada

Options Hotline by Canadians for Choice - Call toll-free anywhere in Canada, 24 hours a day, 7 days a week - **1-888-642-2725** - for information about abortion services or counselling centres.

Canadians for Choice

Tel: 613-789-9958

Toll-free: 1-888-642-2725

Canadians for Choice is a national pro-choice, charitable organization that regards sexual and reproductive rights as an integral part of the health and well being of all persons. Through education and research, we strive to advance the continuum of sexual and reproductive health choices for all men and women in Canada and internationally.

Maritime Abortion Support Services

masshfx@gmail.com

MASS is here to provide support services for anyone needing an abortion in Halifax. We can help you navigate the medical system, connect you with a doula who will accompany you to your appointments, help find you a place to spend the night if you need to travel to Halifax or help you to connect to any other services you need. MASS is here to support you and your decisions. MASS volunteers do not offer counselling services or medical advice. The general process looks like this- email masshfx@gmail.com or message this page with an outline of the support you needs. I will cross check your needs with my volunteer list and match you with the best person I can. I will contact the volunteer and ask if they are available. I will ask you both for your explicit permission before any contact

Adoption Services

Family and Children's Services of Lunenburg County

Child welfare services include child protection and supports for children in care, including foster care and adoption.

Provincial Building

99 High Street

Bridgewater, NS, B4V 1V8

Phone: (902) 543-4554

Fax: (902) 543-6186